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ABSTRACT

The purpose of this study was to identify the number of Head Start enrollees in three selected sites who were in foster care during or after their Head Start experience. The study also examined the role of the Head Start Program in strengthening families in order to prevent separation. Reviews were conducted of public agencies' records of 50 children in Chicago, Illinois, 10 in Dade County, Florida and 29 in Philadelphia, Pennsylvania. Interviews were conducted with five foster care supervisors and eight Head Start staff members. Findings provided answers to study questions about the number of Head Start enrollees in foster care. Partial answers were provided to study questions on the involvement of the biological and foster parents in Head Start and the role of Head Start in the children's case plans. Three Head Start participation measures were used to examine whether Head Start enrollment affected time in care, use of services, and initial versus final or current case goals. Children in substitute care were usually referred to the program by child welfare caseworkers. Foster care supervisors had little or no experience with Head Start. Recommendations indicate ways to promote Head Start's role in working with families at risk. Data collection forms are appended. (RH)

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Prepared for:

Evaluation Branch
Administration for Children, Youth and Families
Department of Health and Human Services
Soledad Sambrano, Ph.D., Task Order Leader

Final Report

A Study of the Incidence of Head Start Children in Substitute Care

BOA 105-86-8123
Task Order C

Prepared by:

CSR, Incorporated
Suite 600
1400 Eye Street, N.W.
Washington, D.C. 20005
202-842-7600

Barbara J. Barrett, Project Manager
Project Staff:
Margaret C. Plantz, Ph.D.
Larry Condelli, Ph.D.
Diane A. Tate
David A. Clem

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STUDY OF THE INCIDENCE OF HEAD START CHILDREN IN SUBSTITUTE CARE

EXECUTIVE SUMMARY

This exploratory study was undertaken for the Evaluation Branch, Administration for Children, Youth and Families (ACYF), to provide information about the incidence of Head Start children in substitute care and the role of Head Start in preplacement, placement and aftercare services for this population. Head Start is a comprehensive preschool program focusing on child development services for eligible, low-income families. Because parents are the principal influence on the child's development, the program is designed to involve them as direct participants in the program.

Head Start is believed to be in a unique position to help families whose children are at risk of entry or already in substitute care for two reasons. First, Head Start and substitute care programs serve economically similar populations--low-income families, many of which are headed by single parents from minority groups. Second, Head Start provides an array of support services to help parents assess and meet their needs more effectively. This emphasis complements the types of family support services so critical to families at risk of or already in substitute care.

Purpose. The purpose of this study is to identify the number of Head Start enrollees in three selected sites who are in substitute care during or after their Head Start experience and to examine the role that the program plays or could play in strengthening the family to prevent the separation of the child from the family.

The specific study questions developed for this research effort are listed below.

1. How many of the children enrolled in the three selected Head Start programs are in substitute care during or following their Head Start experience?
2. How many 1986-87 Head Start enrollees are in substitute care?
3. How many of the children in substitute care during or following Head Start have been reunited with their families?
4. [For the children from Question 3:] Did Head Start play a role in their reunification?
5. To what extent are the biological and foster parents involved in the Head Start program and what is the nature of their involvement?
6. How can Head Start play a constructive role with the children at risk of entry or already in substitute care to prevent placement or facilitate reunification?

Methodology. Nationally, the prevalence of children in substitute care is 3.6 per 1,000 children. To identify a sufficient number of children who have received both Head Start and substitute care services, we selected three large metropolitan areas with 1,000 or more children in each Head Start and substitute care program.

The methodology required that, in each site, the state or local child welfare agency maintain a computerized listing of children in care for the 5-year study period (1982-1987) with each child's name, date of birth, date entered (and left, if applicable) substitute care. Similarly, the Head Start program must have a computerized listing and/or records on children enrolled from 1982-83 through 1986-87 that includes name, date of birth, and dates entered/left the program. Through a computerized matching process using these listings, we were to obtain the counts of children in substitute care during and after their Head Start experience and identify up to 50 children for case record review at each of the three child welfare agencies.

Chicago, Dade County, and Philadelphia comprise the major metropolitan areas in our study. The child welfare agency and Head Start program that participated in each site are: the Illinois Department of Children and Family Services and the Chicago Public Schools; the Florida Department of Health and Rehabilitative Services and the Metropolitan Dade County Community Action Agency; and the City of Philadelphia Department of Human Services and the School District of Philadelphia. Using data provided by these agencies in each site, CSR performed the computerized matching process.

The number of children with matched identifiers totalled 478. After eliminating those whose time in substitute care or Head Start was too short to show any Head Start effects (30 days or less), 412 children remained. Only in Chicago, with 349 eligible names, were we able to review 50 cases (out of 102 sampled). Dade County accounted for 15 names, and we reviewed cases for 10. In Philadelphia, with 48 eligible names, 29 cases were reviewed. Unavailability or inaccessibility of case records caused the rather large difference between number of cases selected and number actually reviewed at each site. In addition to reviewing 89 case records, we interviewed five substitute care supervisors and eight Head Start staff.

The smaller-than-expected number of case records actually reviewed limited the type of analyses that could be performed and reduces the strength of some findings. Given the relatively high proportions of unavailable case records, our sample may be overrepresented by long-term care cases.

Description of the Sample. Characteristics of the 89 children whose records were reviewed are summarized below.

- The majority are male (54 percent). Blacks predominate (81 percent), followed by Hispanics (8 percent), biracial (6 percent), white (5 percent), and Native American (1 percent) children.

- Mean age at the time of placement was 4.1 years old.

- Professionally diagnosed handicapping conditions are quite prevalent. A total of 40 children (45 percent) have at least one type of handicap, and about 60 percent of those have multiple handicapping conditions. Predominating the subgroup of 40 are children who are emotionally disturbed (45 percent) and/or developmentally delayed (40 percent).

The primary caregiver at the time of the child's entry into substitute care was the biological or adoptive mother in virtually all cases (96 percent). A summary of parent characteristics follows.

- Most primary caregivers are black (73 percent); whites and Hispanics are represented in equal, but much lower, proportions (each, 9 percent).

- The mean age of caregivers at time of placement was 26.6 years.

- Fifty-eight percent had never been married; 10 percent were married; and 25 percent were separated, divorced or widowed.

The profile of the caregiver that emerges is of a single, black mother in her mid-20's, without a high school diploma, living alone with three children and probably supported by AFDC.

Study Findings. Analyses of data obtained from the computerized matching process provide answers to the study questions about number of Head Start enrollees in substitute care.

- The proportion of first-time enrollees who were in substitute care during the 1986-87 Head Start program year is less than one-half of one percent in Philadelphia and Dade County (0.4 percent) and four times larger (1.6 percent) in Chicago.

- The proportion of children concurrently in Head Start and substitute care over the 5-year study period is 1.0 percent in Chicago and 0.3 percent in Miami (the two sites with complete data available for all matched children). The incidence of children entering care while enrolled in the program during this same period is much lower, however--0.2 and 0.1 percent, respectively.

- The percentage of children age 0-5 in substitute care nationally (based on VCIS* and Census data) is approximately 0.4 percent. This is about the same proportion as for Dade County Head Start enrollees concurrently in care over the 5-year study period, but contrasts with the higher figure for Chicago, which suggests that Chicago's population is less like the national norm.

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*Voluntary Cooperative Information System, 1984.

- The Chicago Public Schools program shows the highest percentage of first-time enrollees experiencing substitute care during or after their Head Start experience (1.6 percent of enrollees over the 5-year study period), followed by the School District of Philadelphia (an overall percentage of 0.9) and the Dade County CAA (5-year percentage of 0.3).

- The majority of Head Start enrollees who experience substitute care are already in care when they begin Head Start (54 percent). Fewer children enter care during Head Start (15 percent) or after leaving the program (31 percent). Any Head Start effects on the first group of children would relate to facilitating reunification, not preventing placement. Further, the program would be working with foster parents rather than biological parents of enrollees.

Analyses of the 89 case records provide partial answers to the study questions relating to the involvement of the biological and foster parents in the Head Start program and the role of Head Start in the children's case plans.

- Parent contact with Head Start was noted in the records of only six children and, for five of these children, it was by the foster parent. Volunteering in Head Start was the only parent involvement activity noted for one biological and one foster parent.

- The child welfare agency enlisted Head Start to help achieve the case plan goal in only 10 percent of the cases where children entered care before (N=47) or during (N=10) their Head Start enrollment. However, Head Start or an appropriate preschool program was recommended for at least as many more of the children in these two groups (15 percent and 10 percent, respectively). For nine percent of the children who entered care following Head Start (N=32), a preschool program or Head Start was recommended during a previous episode of care or at-home supervision.

- The total number of children across all three groups for whom Head Start was enlisted to help achieve the case plan, or for whom Head Start or a preschool program was recommended at any time, is small (6 and 11 children, respectively). Program benefits for the child emphasized stimulation, socialization, and developmental progress.

Impact of Head Start on the Substitute Care Episode. To examine whether Head Start enrollment influenced the child's substitute care experience, we developed three Head Start measures: total time in Head Start; agency involvement with Head Start (a 14-item scale giving a "0" for no involvement and one point for each "yes" on 14 items in the form); and Head Start lapse time (the number of months between the date the family was first known to the agency and the date the child enrolled in Head Start--applicable for 46 children).

These three measures were used to examine whether Head Start enrollment affected these measures of the substitute care experience: time in care; use of services (the total number of services used by the parents, by the child, and for both child and parent); and initial vs. final or current case goals.

The small sample sizes limited the type and statistical significance of analyses performed, but the following relationships were found to be statistically or marginally significant among certain variables.

- There was a positive correlation between time in care and Head Start lapse time ($r = .64$, $N = 16$, $p < .01$). The faster the child was enrolled in Head Start after the family was first known to the agency, the shorter the child's time in care.

- Cases that had Head Start prior to beginning care were more likely to have reunification as a final goal ($p = .07$), more likely to maintain a goal of reunification ($p < .05$) and had shorter times to reunification ($p < .05$).

- Cases with shorter lapse times were more likely to have a final or current goal of reunification ($r = .25$, $N = 46$, $p = .09$), as opposed to some other goal, although the level of statistical significance was marginal.

- More agency involvement with Head Start was noted for cases that maintained a goal of reunification or became reunification from another goal ($r = .19$, $N = 75$, $p = .10$). The less involvement with Head Start, the less likely an initial goal of reunification would be maintained. The relationship, however, is not a strong one and does not quite reach the significance statistical level of .05.

Interviews with Head Start Staff. Social Services Coordinators and other Head Start staff reported that children in substitute care usually are referred to the program by child welfare caseworkers. None of the programs has a recruitment strategy focused on foster children, although priority is given them when enrolling in the program.

The extent and nature of involvement in the program by biological and foster parents and the role of Head Start in working with families at risk of or already in substitute care are summarized below.

- No special services or activities usually are provided to help the biological parents of foster children.

- No biological parents of current enrollees known to be in substitute care are participating in the program, in contrast to foster parents who do. Foster parents participate in the same activities as other parents (e.g., volunteering and attending parent workshops).

- Program features identified as potentially most helpful to both types of parents are parenting workshops, socialization with other adults, and respite from caring for the child.

- Some staff expressed serious concern about any efforts that might result in having the biological parent, foster parent and child together at the center.

- Head Start staff generally expressed a positive view toward working with families at risk of entry and already in substitute care. This view is tempered by the recognition that these families tend to have problems for which multiple community services are needed. Without a network of referral services, and for some types of parent problems, the program is limited in what it can provide to the biological parents.

Interviews with Substitute Care Supervisors. Four of the five supervisors interviewed have little or no experience with Head Start. Based on their estimates, from 120-160 of the 824 children in their units are age-eligible for Head Start, but the number actually enrolled is "none," "very small," or unknown. Only one supervisor reported that unit staff had recommended or required that 4-5 children enroll in the program in the preceding 12 months.

Supervisors made the following points about Head Start's role in working with the study population.

- Particular types of cases for which the child's participation in Head Start might be desirable, according to two supervisors, include those in which the child experiences social, intellectual or emotional deprivation or comes from a home that lacks stimulation.

- Supervisors identified several contributions Head Start could make in efforts to reunify a family with a child in substitute care or to help an at-risk family: training in parenting skills; appropriate expectations of the child's academic development; counseling parents; increasing parents' self-perception and confidence; and day care. A role for the program in pre- or postplacement services would be valuable because it offers the opportunity of maintaining regular observation and interaction with the child and parent.

- Three supervisors said the child welfare agency needs more information about Head Start, such as what the program does, where Head Start centers are located, how it is funded, and who is eligible to participate.

Recommendations. Given the low proportions of Head Start enrollees with concurrent or subsequent substitute care experience, ways to promote Head Start's role in working with families at risk of or already in substitute care must be cost-effective and carefully focused.

- If ACYF intends to encourage recruitment of foster children, written instructions should be developed by the national office to increase awareness of this population in local programs.

- To help overcome the lack of knowledge about Head Start among child welfare staff, more systematic efforts to establish on-going relationships with agency decisionmakers should be made by Head Start administrators in local communities.

- The Head Start Training and Technical Assistance (T/TA) Resource Centers provide a ready network for collecting and disseminating information related to training staff to work with the population under study. Existing materials and training programs could be screened by the Resource Centers and/or the national office. At relatively low cost, the most versatile and well-developed "packages" could be distributed for use by local programs.

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Research and Evaluation
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Springfield, Illinois

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Chicago, Illinois

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1. STUDY OVERVIEW

This study was undertaken in September 1986 to provide information about the incidence of Head Start children in substitute care to the Evaluation Branch, Administration for Children, Youth and Families (ACYF), U.S. Department of Health and Human Services (DHHS). The information obtained through this exploratory study will give Head Start decision makers an indication of the numbers of Head Start enrollees in substitute care and whether further study is appropriate. It also will help inform the child welfare field about the role of Head Start in preplacement, placement, and aftercare services.

1.1 BACKGROUND

Head Start is a comprehensive preschool program focusing on child development services for eligible low-income families. The program is designed to enhance the child's social competency and to involve the child's entire family, the principal influence on the child's development, as a direct participant in the program. Head Start includes a social services component designed to achieve parent participation in the program, to assist the family in its own efforts to improve the condition and quality of family life, and to make parents aware of community resources and facilitate their use.

Head Start is believed to be in a unique position to help families whose children have entered substitute care, or are at risk of being placed in substitute care, for two reasons. First, Head Start and the child welfare programs serve similar populations. The majority of children in substitute care are members of low-income families, and at least 90 percent of the children in Head Start are from families who have incomes at or below the poverty level or are receiving Aid to Families with Dependent Children (AFDC) payments. Many families from both groups are headed by single parents. Minority populations are prevalent in both programs: 42 percent of substitute care children and 67 percent of Head Start children are minorities. Second, Head Start not only enhances the child's total development, but also provides an array of support services to help parents assess and meet their families' needs more effectively. This emphasis complements the types of family support services so critical to families at risk of or already in substitute care.

With the passage of the Adoption Assistance and Child Welfare Act (P.L. 96-272) in 1980, the primary goal for children placed out of their homes became reunification with their families. To this end, the service focus changed to emphasize family support services. Certainly Head Start, with its comprehensive emphasis and parent involvement and social services components, appears to be a natural ally of such efforts.

1.2 PURPOSE AND STUDY QUESTIONS

Little is known about how many Head Start children experience substitute care during or following their Head Start enrollment and how Head Start works with these children and their parents to strengthen the family unit.

Approximately 276,000 children were in substitute care at the end of fiscal year 1984.* Of these, about 21 percent were aged 1 to 6, with a somewhat smaller proportion being aged 3 to 6--the ages served by Head Start. The national substitute care prevalence rate that year was 3.6 children per thousand children in the U.S. population. The substitute care prevalence rate for children in Head Start is unknown.

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*Voluntary Cooperative Information System (VCIS), 1984.

The purpose of this study is to provide ACYF with information on:

1. the number of Head Start enrollees in selected sites who are in substitute care concurrent with or subsequent to their Head Start experience; and
2. the role that Head Start plays or could play in strengthening the family to prevent the separation of the child from the family.

The specific study questions developed for this research effort are listed below.

1. How many of the children enrolled in Head Start are in substitute care during or following their Head Start experience?
2. How many current Head Start enrollees are in substitute care?
3. How many of the children in substitute care during or following Head Start have been reunited with their families?
4. [For the children from Question 3:] Did Head Start play a role in their reunification?
5. To what extent are the biological and foster parents involved in the Head Start program and what is the nature of their involvement?
6. How can Head Start play a constructive role with the children at risk of entry or already in substitute care to prevent placement or facilitate reunification?

1.3 METHODOLOGY

The study design called for data to be collected on a sample of children enrolled in selected Head Start programs over a 5-year period beginning in 1982. To answer the study questions within the constraints of the contract's budget and schedule, the design focused on data collection in three major metropolitan sites.

Data collection involved two distinct phases at each site. The first required the development of separate computerized listings of children in the child welfare and Head Start programs to compare the names and dates of birth of children who have been in substitute care during the study period (August 1982 - June 1987) against the names and dates of birth of children enrolled in the selected Head Start program over the same period. A computerized match was performed to determine the number of Head Start children in substitute care during or following their Head Start experience. This process enabled us to identify the names to be used during the second data collection phase at each site. The second phase required the review of up to 50 child welfare case records of Head Start children, the preparation of three individual case study reports where data were available, and in-person interviews with up to three staff in each Head Start and substitute care program.

1.3.1 Site Selection

Because the prevalence of children in substitute care is low (36 per 10,000 children), it was anticipated that there would be very few children who have received both Head Start and substitute care services. To obtain a sufficient number of cases for the study, the selection of sites was limited to those with at least 1,000 children in each of the two "programs"--Head Start and substitute care.

The large numbers of children involved at each site (1,000+ enrolled each year in Head Start and 1000+ annually in substitute care) required that:

- the state or local child welfare agency maintain a computerized listing of children in care for the entire study period with each child's name, date of birth, date entered (and left, if applicable) foster care; and
- the Head Start program has a computerized listing and/or records on children enrolled from 1982-83 through 1986-87 that includes name, date of birth, and dates entered/left the program.

Additional requirements for selected sites included accessibility of case records and availability of personnel.

Few major metropolitan areas in the United States share these characteristics: a public child welfare agency with 1,000+ children in substitute care and a computerized data base with basic identifiers on all children who have entered (and left) the system over the past five-year period; and a large Head Start program (1,000+ children per year) with a computerized data base and/or records with basic identifiers on all enrollees for the past five program years. Head Start programs are required to keep child records for only three years after the child leaves, and few programs have computerized enrollment data going back more than two program years. Public child welfare agencies are more likely to have computerized data on children, but not for the entire study period and often excluding closed cases. In addition, retrieval of closed records frequently is difficult because they are stored in warehouses or may be destroyed after a period of time.

According to the 1980 Children and Youth Referral Survey of Public Welfare and Social Service Agencies conducted by the DHHS Office of Civil Rights, there were 26 large urban areas located in 17 states and the District of Columbia with 1,000 or more children in substitute care. Six of these cities and the District of Columbia were excluded from consideration because of other studies being conducted or recently conducted by CSR in the state or local child welfare agencies. Of the remaining 19 areas, two out of the three first selected became study sites. A replacement site was found for the third after intensive queries of the state child welfare agencies and local Head Start programs in a dozen states.

Chicago, Dade County (Miami), and Philadelphia comprise the major metropolitan areas in our study. In each site, we recruited the Head Start program with the largest number of enrollees. In Chicago and Philadelphia, there are approximately 40 and 6 other programs (respectively) with much smaller enrollments that are not represented in this study. There is only one Head Start program in the metropolitan Dade County area. The agencies that consented to participate and provided the necessary information and support to conduct the study are identified below.

Site	Child Welfare Agency	Head Start Agency
Chicago	Department of Children and Family Services (DCFS) Springfield and Chicago, Illinois	Chicago Public Schools
Dade County	Department of Health and Rehabilitative Services (DHRS) Tallahassee and Miami, Florida	Metropolitan Dade County Community Action Agency
Philadelphia	Department of Human Services (DHS) Philadelphia, Pennsylvania	School District of Philadelphia

1.3.2 Data Collection

Obtaining separate computerized listings of children in substitute care and of children enrolled in Head Start constituted the first and most critical data collection effort. Because two of the sites involved state-administered child welfare programs (Miami and Chicago) and state-operated computerized databases, we dealt with departmental staff in the state capitals to develop these listings. In Philadelphia, we worked directly with the City's DHS staff.

The computerized listing from each of these agencies included all children who had entered substitute care during the study period. It thus was not restricted to children in foster homes, but also included children in group homes or facilities, in non-finalized adoptive homes or in the temporary custody of Child Protection Services. The service area for the child welfare program corresponded to or was larger than that of the Head Start program. As a consequence, all children entering public substitute care since August 1982 in the City of Philadelphia and Dade County (not just metropolitan Dade County) were represented on the listings. For Chicago, all children whose birthdays fell between January 1, 1977 and December 31, 1983, and who entered DCFS care anywhere in Illinois since August 1982 were included.*

Computerized listings of Head Start enrollees over the 5-year period were prepared by the Chicago and Philadelphia school systems. Two months into the study, the Dade County program discovered that it could provide computerized data only for the last program year (1986-87) and undertook the laborious effort of compiling lists for the other years by hand. These were forwarded to CSR for computerization.

Confidentiality procedures and guarantees were submitted to each agency for approval prior to data collection. CSR was permitted to obtain the data and conduct the computerized match of names in two of the three sites. In the third, a CSR consultant programmer performed the computerized match at the child welfare agency under staff supervision.

The matching process for each site consisted of two major steps. The first involved matching names and birthdates from the child welfare and Head

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*Because the number of names contained in the Illinois database is high (covering a 10-year period), delimiting the computerized search by age was recommended. Therefore, we selected birthdates that ensured capturing the oldest child who might enter Head Start in August 1982 and the youngest child in the fall or winter of 1986.

Start data tapes to identify children involved in both programs. Since any variation in the spelling of a name or entry of a birthdate would cause a child to be missed, entries on the data tapes were matched in three different ways: last name/first name and month/day/year of birth (DOB); last name and DOB; and last name/first name. Producing these three different types of matches minimized the possibility of missing a child who should be included in the study.

The second major step in the matching process for each site required examination and comparison of the three hard-copy listings produced above to eliminate duplications and identify the universe of potentially eligible children. The last name/first name/DOB listing served as the core group of potential eligibles. Because the study was to examine the possible effects of Head Start on the child in care, any child whose substitute care experience ended prior to Head Start enrollment was eliminated. Most of the names that appeared as possible matches on the other listings were excluded from the universe of eligibles for one of two reasons: their age precluded participation in Head Start during the study period (for children with the same first and last names whose birthdates were different) or the names and dates of birth were too dissimilar to have confidence that it was the same child.

Table 1-1 shows the number of children with matched identifiers who were in substitute care during or following their Head Start experience (Chicago--392; Dade County--15; and Philadelphia--71). Among this group of 478, however, were children in care or in Head Start for 30 days or less. After consultation with the Federal Task Order Leader, we dropped children in these categories from the eligible universe since the interval is too short to show any Head Start effects. This left 412 children to select for case record review in the local child welfare agencies (349, 15 and 48, respectively).

TABLE 1-1

NUMBER AND PERCENT OF ELIGIBLE AND INELIGIBLE CHILDREN AMONG THE UNIVERSE OF MATCHED IDENTIFIERS BY STUDY SITE

Study Site	Total Number of Children With Matched Identifiers	Ineligible for Inclusion in Sample				Eligible Universe	
		In Substitute Care One Month or Less		In Head Start One Month or Less			
		N	%	N	%	N	%
Chicago	392	30	7.7	13	3.3	349	89.0
Dade County	15	0	-	0	-	15	100.0
Philadelphia	71	23	32.4	0	-	48	67.6

TABLE 1-2

DISTRIBUTION OF ALL CASES SELECTED FOR REVIEW BY STUDY SITE

Study Site	Total Number Selected	Total Number Reviewed	Number Not Reviewed by Reason for Not Reviewing				
			Unable to Locate Record	Final Adoption Records Sealed	Sibling of Child Whose Case Reviewed	Emergency Short-Term Placement; No Record Available	Record at Another Location
Chicago	102*	50	24	2	1	1	24**
Dade County	15	10	3	-	2	-	-
Philadelphia	48	29	8	5	1	5	-

*The initial random sample in Chicago included 70 names; an additional 30 names were randomly selected on-site because of the large number of records that could not be located. Near the end of the site visit, two available, eligible cases were purposively selected to ensure the maximum of 50 case record reviews.

**Nine closed cases were in the State capital; 2 in a third-party provider office; and the remaining 13 in a different agency office than those designated to visit.

On-site data collection consisted of case record review and interviews with selected staff in both programs. CSR staff performed all the field work, visiting Philadelphia in June, Miami in October, and Chicago in November 1987. Table 1-2 presents information on the total number of cases selected for review and the number actually reviewed and included in the analysis (Chicago--50; Dade County--10; and Philadelphia--29). Across the three sites, a total of 5 child welfare agency foster care supervisors and 8 Head Start staff were interviewed.

Case record data that were collected included child characteristics, mother (or surrogate) characteristics, child's case history, placement goals and permanent plan, and the use of Head Start as a resource (if appropriate). Interviews with foster care supervisors explored knowledge of Head Start programs and services; efforts to encourage enrollment of eligible children in Head Start; awareness of foster children currently in Head Start; and collaboration with Head Start staff. Respondents in Head Start programs were asked about knowledge of foster care services and requirements; efforts made to recruit foster children; awareness of enrollees who are in foster care; services or activities tailored for these children and/or their families; program participation by biological and foster parents; collaboration with foster care staff; and types of training needed by Head Start staff to work more effectively with these families.

1.3.3 Limitations of the Methodology

The limitations of the study methodology may be summarized as follows:

- Identification of the universe of children who were in substitute care during or following their Head Start experience relied on computerized listings. Some children who were eligible probably were missed because their names were never entered on one or the other program listing, or their last names changed between the time of entry into the first and second programs.

- Data entry errors as well as variants in names provided at intake in the child welfare and Head Start programs made the matching process for some names a subjective one, based on a "best guess." (For example, a child with the same last name and DOB on both program listings has the first name spelled "Sharise" on one, but "Sherase" on the other. Is it the same child? The decision was "Yes."). As a result, some children may have been included or excluded inappropriately.

- The smaller-than-expected number of case records actually reviewed and analyzed limited the type of analyses that could be performed and reduces the strength of some findings.

- Substitute care case records often do not contain specific information about preschool or school activities and interactions, if any, between school and child welfare staff. If notations did not appear in the child's record, we could not obtain Head Start-related information, even though in some cases we suspected that a third-party provider caseworker may have had contact with and information from Head Start staff in regard to a particular child.

- A relatively high proportion of case records could not be located for review. Some agency staff thought that many of these cases were short-term care cases that had been closed. This suggests that long-term care cases may be overrepresented in our sample.

- The School District of Philadelphia could not provide month or day that the child entered the Head Start program. In some cases at other sites, the enrollment dates were suspect, based on notes in the children's records. These problems potentially affect the caclulations relating to time in Head Start because, in the absence of other information, we assumed enrollment for the full program year.

1.4 PROFILE OF THE HEAD START PROGRAM AND ENROLLEES AT EACH SITE

Each Head Start program participating in the study provided data from its annual Program Information Report (PIR) to describe selected characteristics of the program and its enrollees. For those who are not familiar with Head Start, a brief explanation of some terminology may be helpful.

"Grantee" refers to the agency that receives Federal funds to operate a Head Start program. Some grantees delegate some or most of these funds (through contractual arrangements) to other agencies, which are called "delegate" agencies. The typical agency operates a center-based model, wherein children attend classes regularly in a center, rather than a home-based model that provides structured learning opportunities in the child's home. Classes vary in duration and frequency. The standard Head Start model is 5 days a week. If classes last 6 hours or more each day, it is a full-day program; if less, it is a part-day program. The program year refers to the time children are enrolled and receiving services; this period typically lasts 9-10 months beginning in the summer and extending through the end of the school year.

1.4.1 Program Characteristics

Two of the Head Start programs in the study are city school districts; the third is a community action agency. The Chicago Public Schools program has been a delegate agency for the entire study period, while the Dade County program has always been a grantee. The School District of Philadelphia was a delegate agency for the first three years and then became a grantee.

None of the agencies operates a home-based program. Until the 1986-87 year, the two school districts were alike in offering a standard Head Start part-day, center-based program (i.e., classes 5 days per week/less than 6 hours per day). Last year, the Chicago Public Schools moved to a non-standard part-day model with classes meeting less than 5 days/week. The Dade County Head Start program has always operated the standard center-based program with both full-day (more than 6 hours/day) and part-day enrollments, except for the 1982-83 year when it had only full-day classes.

The average number of weeks per year that classes operate has remained a stable 37 weeks over the past 5 years in the School District of Philadelphia. In both Miami and Chicago, the trend has been toward slightly fewer weeks. The

Dade County program operated for 36 weeks in 1982-83, then went to 35 the next year, and fixed at 32 weeks for the past 3 years. The Chicago Public Schools fluctuated slightly over the 5-year period from 39 to the current 37 weeks of operation. Early in the design phase, we had hoped that some of these program characteristics might be used in the analysis to identify if differences in length of time in care were related to number of child/teacher contact hours, but this level of detail on groups of children in the sample was not available.

1.4.2 Enrollee Information

One of the study questions asks about the number of Head Start children who are in substitute care during or following their Head Start experiences. To compute this figure, we obtained enrollment figures from each of the programs. These figures appear in Table 1-3. They represent the number of children (as reported in the PIR) who actually enrolled in the program each year.* While actual enrollment figures do not shed any light on how long during the program year particular children were enrolled, the PIR data do identify the number of children enrolled for more than one program year. Thus, we can see that the Dade County program has particularly high multi-year enrollment rates (ranging from 50 to 86 percent of the children each year), meaning that fewer children and families are involved in the program, as compared to the School District of Philadelphia program, which has the lowest rates (from 13 to 33 percent). The Chicago Public Schools has maintained a 30-35 percent level for the past 3 years. This is significant to our study because of its presumed relevance to the low number of matched names found in the Dade County site.

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*The PIR collects data on funded enrollment and actual enrollment. We are using actual enrollment figures in this report.

TABLE 1-3

ACTUAL HEAD START ENROLLMENT EACH PROGRAM YEAR FOR THE THREE SELECTED HEAD START PROGRAMS

Selected Head Start Program in Each Study Site	Actual Head Start Enrollment Each Program Year									
	1982-83		1983-84		1984-85		1985-86		1986-87	
	N	%	N	%	N	%	N	%	N	%
Chicago Public Schools										
Total number of children actually enrolled	7,264		7,563		7,029		6,149		6,201	
Number enrolled for second year	1,453	20.0	4,029	53.3	2,499	35.6	1,912	31.1	1,919	30.9
Number enrolled for third year	0	-	0	-	0	-	0	-	0	-
Dade County Head Start										
Total number of children actually enrolled	2,500		2,952		2,705		2,431		2,360	
Number enrolled for second year	944	37.8	1,295	43.9	1,360	50.3	1,171	48.2	1,037	43.9
Number enrolled for third year	324	13.0	1,262	42.8	566	20.9	457	18.8	622	26.4
School District of Philadelphia										
Total number of children actually enrolled	1,888		1,785		1,865		1,908		1,907	
Number enrolled for second year	626	33.2	452	25.3	534	28.6	396	20.8	253	13.3
Number enrolled for third year	3	00.2	0	-	0	-	2	00.1	0	-

Source: Program Information Report data provided by each program

There was a smaller base number of Head Start children who might also have been involved with child welfare.

Demographic characteristics of the population served by the specific program might illuminate differences in multi-year enrollment rates; however, the PIR has collected only racial/ethnic data on children and then for only three of the five program years. As seen in Table 1-4, each Head Start program has a predominantly black population. Dade County and the School District of Philadelphia hover around the 85 and 90 percent levels, respectively, while the Chicago Public Schools is at about the 70 percent level.

Head Start programs are required to conduct an annual community needs assessment of their service area to maintain appropriate levels of service and to plan program activities, including recruitment strategies. This assessment relies in part on Census data to identify the number of eligible families and preschool children and to describe the eligible population. We have compiled selected Census data for the geograhic area corresponding as closely as possible to that covered by the Head Start program in each site. This information provides a rough picture of the larger population from which Head Start families are drawn.

Census data showing some demographic and socioeconomic characteristics of the population in each of the three data collection sites appear in Table 1-5. Chicago and Philadelphia have similar proportions of blacks (about 30 percent), of children under age 18 living in poverty (about 30 percent), and of female-headed households living below the poverty level (about 40 percent). Dade County has fewer blacks but many more Hispanics (35 percent), and has 10 percent fewer children and female-headed households below the poverty level.

TABLE 1-4

RACIAL COMPOSITION OF ENROLLEES EACH PROGRAM YEAR FOR THE THREE HEAD START PROGRAMS

Racial Composition in the Three Head Start Programs	Children Enrolled in Head Start by Program Year									
	1982-83		1983-84		1984-85		1985-86		1986-87	
	N	%	N	%	N	%	N	%	N	%
Chicago Public Schools										
White			627	8.3	562	8.0			255	4.1
Black			5,136	67.9	4,779	68.0			4,570	73.7
Hispanic			1,611	21.3	1,507	21.4			1,230	19.8
Asian or Pacific Islander			185	2.4	178	2.5			141	2.3
American Indian or Alaskan Native			4	<0.1	3	<0.1			5	<0.1
Total			7,563	100.0	7,029	100.0			6,201	100.0
Dade County Head Start										
White	32	1.3	60	2.0	81	3.0	32	1.3	26	1.1
Black	2,126	85.0	2,455	83.2	2,256	83.4	2,199	90.5	2,025	85.8
Hispanic	332	13.3	410	13.9	329	12.2	197	8.1	304	12.9
Asian or Pacific Islander	8	0.3	27	0.9	39	1.4	2	<0.1	3	0.1
American Indian or Alaskan Native	2	<0.1	0	-	0	-	1	<0.1	2	<0.1
Total	2,500	100.0	2,952	100.0	2,705	100.0	2,431	100.0	2,360	100.0
School District of Philadelphia										
White			67	3.7	107	5.7			133	7.4
Black			1,647	92.3	1,667	89.4			1,570	87.5
Hispanic			50	2.8	63	3.4			64	3.6
Asian or Pacific Islander			20	1.1	27	1.4			28	1.6
American Indian or Alaskan Native			1	<0.1	1	<0.1			0	-
Total			1,785	100.0	1,865	100.0			1,795	100.0

Source: Program Information Report data provided by each program. Although racial composition of enrollees was not sought in the 1982-83 and 1985-86 PIR's, Dade County Head Start was able to provide this information.

TABLE 1-5

DEMOGRAPHIC AND SOCIOECONOMIC DATA FOR DATA COLLECTION SITES
(1980 Census data unless noted otherwise)

Demographic and Socioeconomic Data	Data Collection Sites		
	City of Chicago	Dade County	City of Philadelphia
Persons			
Total Population	3,005,072	1,625,781	1,688,210
% White	50.3	77.2	58.5
% Black	39.8	17.3	37.8
% Spanish Origin	14.1	35.7	3.8
Median Age (years)	29.4	34.8	31.7
% Under 5 Years	7.7	5.8	6.4
% 5 to 17 Years	20.7	18.2	19.5
% Under Age 18 in Poverty, 1979	30.8	19.6	30.0
% High School Graduates[1]	56.2	64.0	54.3
% Unemployed, 1982[2]	11.7	10.1	9.0
Families			
% Headed by Married Couple	66.0	78.2	66.4
% Female-headed	27.7	17.3	27.8
Median Income, 1979 (dollars)	18,776	18,642	16,388
% Below Poverty, 1979	16.8	11.9	16.6
% Female-headed Below Poverty, 1979	40.2	28.3	38.2
Housing Units			
% Built 1939 or Earlier	51.8	7.3	58.4
% Vacant	6.8	7.9	9.5

Source: U.S. Bureau of the Census. County and City Data Book 1983.

Note 1: Data are for persons age 25 and over.
Note 2: Bureau of Labor Statistics data for civilian labor force, reported in County and City Data Book 1983.

Each Head Start program develops its own recruitment policies and strategies consistent with Federal regulations and guidelines. The types of families recruited by and attracted to Head Start may have more influence on the incidence of substitute care among the Head Start population than do other factors. Chapter 3 includes a discussion of recruitment practices vis-a-vis foster children in the three Head Start programs.

Chapter 2 describes the sample of children whose case records were reviewed. It presents the characteristics of the children and their parents, case history data, and the status of cases at the time of review.

Chapter 3 focuses on the study findings. The number of Head Start enrollees in substitute care and the influence of Head Start on the children's substitute care experiences are examined. Interview data from Head Start and child welfare program staff illuminate the role of Head Start in working with families at risk of or already in the child welfare system.

2. DESCRIPTION OF THE SAMPLE

This chapter describes the sample of 89 children whose cases were reviewed in the child welfare offices located in the three study sites. The information is organized in three sections:

- Characteristics of the sampled children and their parents;
- Case history data (reasons for entering care, permanency goals, reunification requirements, services obtained); and
- Status of cases at time of review (length of time in care, outcomes of closed cases).

2.1 CHARACTERISTICS OF THE CHILDREN AND THEIR PARENTS

The characteristics of the children who were in substitute care during or following their Head Start experience are taken from the case records. The same is true for the children's parent or primary caregiver at the time of entry into substitute care. Unless otherwise noted, the percentages are based on an N of 89. For ease of reference, the children whose cases were reviewed will be called the sample in all the following discussions.

2.1.1 Child Characteristics

Table 2-1 displays selected child characteristics by site and across sites. Males represent a higher proportion of the children whose cases were reviewed than females (54 vs. 46 percent). The mean age of the children at time of placement is 4.1 years. Blacks predominate (81 percent), followed distantly by Hispanics (8 percent), then biracial (6 percent), white (5 percent), and Native American (1 percent) children.

The racial/ethnic composition of the sample by site shows some differences when compared to the racial/ethnic composition of each program (see Table 1-4).

TABLE 2-1

PERCENT OF SAMPLED CHILDREN IN EACH SITE BY CHILD CHARACTERISTICS

Child Characteristics	Percent of Sampled Children in Each Site			
	Chicago (N = 50)	Dade County (N = 10)	Philadelphia (N = 29)	Total (N = 89)
Sex				
Male	48.0	60.0	62.1	53.9
Female	52.0	40.0	37.9	46.1
Mean Age at Placement (Years)	4.3	3.3	3.9	4.1
Race/Ethnicity				
White	2.0	10.0	6.9	4.5
Black	82.0	90.0	75.9	80.9
Hispanic	10.0	-	6.9	7.9
Native American	2.0	-	-	1.1
Biracial	4.0	-	10.3	5.7
Number of Siblings				
0	4.0	-	3.5	3.4
1	18.0	20.0	17.2	18.0
2	36.0	20.0	34.5	33.7
3	18.0	20.0	17.2	18.0
4	8.0	20.0	17.2	12.4
5	10.0	10.0	3.5	7.8
6	2.0	-	6.9	3.4
7	2.0	10.0	-	2.2
Unable to Determine	2.0	-	-	1.1
Mean Number of Siblings	2.6	3.2	2.7	2.7
Handicapping Conditions				
Yes	48.0	40.0	41.4	44.9
No	52.0	60.0	58.6	55.1

Chicago has a higher proportion of black children in substitute care than are usually enrolled in Head Start each year, while Philadelphia has a lower proportion of blacks. However, the difference appearing in Philadelphia may be illusory, because most of the biracial children identified as such in case records are black and white, and the Head Start program may report these children as black.

On average, the children in the sample have 2.7 brothers and sisters. We were interested in whether or not any of these siblings also were enrolled in Head Start. From information in the computerized listings and case records, we found that, of the 95 percent of children known to have siblings, 25 percent had either one or two siblings known to be Head Start enrollees. Awareness of and proximity to the program apparently encourages some families to utilize the program for more than one child.

Professionally diagnosed handicapping conditions are quite prevalent among the children in the sample. A total of 40 children (45 percent) have at least one type of handicap, and about 60 percent of those have multiple handicapping conditions. Table 2-2 shows the types of handicaps distributed across this subgroup of 40 children. Predominating this subgroup are children who are emotionally disturbed (45 percent) and/or developmentally delayed (40 percent).

An examination of the distribution of handicapped children in our sample by site reveals that 27 percent are found in Chicago, 4.5 percent in Dade County, and 13.5 percent in Philadelphia. According to a survey of agencies conducted in 1980, the percentage of handicapped children in the public agencies' total substitute care caseload in these sites was 6.8, 2.7, and 1.1 percent,

TABLE 2-2

DISTRIBUTION OF HANDICAPPED CHILDREN IN SUBSTITUTE CARE BY TYPE OF PROFESSIONALLY DIAGNOSED HANDICAP

Type of Professionally Diagnosed Handicap	Handicapped Children in Substitute Care (N = 40)	
	N	%
Physically Impaired	8	20.0
Mentally Retarded	2	5.0
Learning Disabled	8	20.0
Emotionally Disturbed	18	45.0
Speech Impaired	11	27.5
Developmentally Delayed	16	40.0
Other	2	5.0

Note: Percentages exceed total of 100.0% because many children have multiple handicaps.

respectively.* These figures differ markedly from those for our sample, particularly in Chicago and Philadelphia. It seems unlikely that changes in definitions of handicapping conditions, diagnostic services, or reporting requirements in the 7-year period since that survey would account for such large differentials.

In Head Start, every grantee or delegate agency that operates a program is to meet the target of 10 percent of its enrollees being children who have professionally diagnosed handicaps. Therefore, programs arrange for professional diagnostic services when necessary. Program staff frequently are familiar with handling a wide range of handicapping conditions, and most conditions are not a barrier to enrollment.

The predominance of handicapped children in our sample, however, does not seem readily explained by the program requirement relating to handicapped enrollees. The data suggest that there are other factors. The high proportions of children diagnosed as being emotionally disturbed or suffering from developmental delay may be reflective of the family dysfunction that caused the child's removal from the home in the first place. The extent to which a child's physical, mental or emotional impairment may have contributed to placement because of a parent's inability to cope with that condition is unknown. The fact is that our sample consists of an unusually high percentage of handicapped children.

2.1.2 Parent Characteristics

Socio-economic information was collected about the primary caregiver at the time of the child's entry into substitute care. If there were two caregivers, data on the mother or surrogate mother were recorded. In virtually all cases, the children were cared for primarily by their biological or adoptive mothers (96 percent). In the other cases, the caregiver was either the father or another relative (each 2 percent), specifically the child's grandmother or mother's cousin.

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*1980 Children and Youth Referral Survey, Public Welfare and Social Service Agencies, Department of Health and Human Services, Office of Civil Rights, September 1981.

As shown in Table 2-3, most primary caregivers are black (73 percent), with whites and Hispanics having a much lower representation (each, 9 percent). For 8 percent of the caregivers, race/ethnicity could not be found in the record. The proportion of black families in our sample is much higher than in the population of each of the major metropolitan areas--about twice as high in Chicago and Philadelphia, and three times in Dade County (see Table 1-5).

The age of the primary caregivers at the time of placement ranges from 18 to 41 years old, however, the mean age is 26.6 years. At the time the sampled children entered substitute care, the majority of primary caregivers had never been married (58 percent). Ten percent were married, either to the biological parent of the child (6 percent) or to someone else (4 percent). Twenty-five percent had been married but were separated, divorced, or widowed. Marital status could not be determined for 7 percent of the primary caregivers.

Thirty percent of the caregivers left school before obtaining their high school diplomas, although four of these individuals are working on their Graduate Equivalency Degree (G.E.D.). Only 15 percent have graduated from high school or gone on to take some college courses. A few have completed vocational or technical school (2 percent), but the case record did not reveal whether they also had their high school diploma. The educational level of the primary caregiver could not be determined from the record in slightly more than half the cases (53 percent). Within this latter group of 47 individuals, there

TABLE 2-3

PERCENT OF CAREGIVERS IN EACH SITE BY CAREGIVER CHARACTERISTICS

Caregiver Characteristics	Percent of Caregivers in Each Site			
	Chicago (N = 50)	Dade County (N = 10)	Philadelphia (N = 29)	Total (N = 89)
Race/Ethnicity				
White	6.0	10.0	13.8	9.0
Black	78.0	50.0	72.4	73.0
Hispanic	10.0	-	10.3	9.0
Native American	2.0	-	-	1.1
Unable to Determine	4.0	40.0	3.5	7.9
Marital Status				
Married to Biological Parent of Child	-	-	17.2	5.6
Married to Person Not a Biological Parent of Child	6.0	-	3.5	4.5
Widowed	2.0	10.0	-	2.3
Divorced	12.0	20.0	3.5	10.1
Separated	16.0	10.0	6.9	12.4
Never Married	56.0	50.0	65.5	58.4
Unable to Determine	8.0	10.0	3.5	6.7
Mean Age When Child Entered Care (Years)	27.1	26.9	25.6	26.6
Education				
Less than High School Graduate	40.0	20.0	17.2	30.3
High School Graduate/G.E.D.	12.0	20.0	3.5	10.1
Some College	6.0	10.0	-	4.5
Voc/Tech School Completed	2.0	-	3.5	2.3
Unable to Determine	40.0	50.0	75.9	52.8
AFDC Recipient at Time Child Entered Care				
Yes	36.0	40.0	75.9	49.4
No	14.0	-	13.8	12.4
Unable to Determine	50.0	60.0	10.3	38.2

were 8 for whom record notes indicated that the parent was mentally slow, of limited intelligence, or had limited or no ability to read or write.

According to information available in the record, approximately one-half of the primary caregivers (49 percent) were receiving public assistance in the form of Aid to Families with Dependent Children (AFDC) at the time the sampled child entered substitute care. However, this information could not be determined for a high percentage of cases in two of the three sites.

The living arrangements of the family when the child entered substitute care are presented in Table 2-4. A few families were living temporarily in emergency shelters at the time the children were taken into care. For each family, living arrangement prior to the shelter was recorded.

The average number of children (including the focal child) under the age of 18 who resided with the caregiver is 3.2. Just over half of the caregivers (52 percent) lived with their children and no other adult. Thirty-five percent resided with one other adult, while 11 percent were in households with from 2 to 5 other adults. The other adults were predominantly the caregivers' spouse or opposite-sex non-marital partner (26 percent), or the caregivers' parents (15 percent).

The picture of the primary caregiver that emerges from these data is of a single, black mother in her mid-20's, without a high school diploma, living alone with three children and probably supported by AFDC.

2.2 CASE HISTORY DATA

The primary reason for the child's placement was most often neglect (37 percent) or physical or sexual abuse of the child or child's sibling (26 percent). As shown in Table 2-5, reasons for placement of the remaining

TABLE 2-4

PERCENT OF CAREGIVERS IN EACH SITE BY LIVING ARRANGEMENT WHEN CHILD ENTERED SUBSTITUTE CARE

Living Arrangement When Child Entered Substitute Care	Percent of Caregivers in Each Site			
	Chicago (N = 50)	Dade County (N = 10)	Philadelphia (N = 29)	Total (N = 89)
Number of Children under 18 (Including Focal Child)				
1	10.0	-	10.3	9.0
2	24.0	40.0	17.2	23.6
3	44.0	20.0	41.4	40.5
4	8.0	20.0	13.8	11.2
5	2.0	-	13.8	5.6
6	6.0	20.0	3.5	6.7
7	2.0	-	-	1.1
14	2.0	-	-	1.1
Unable to Determine	2.0	-	-	1.1
Mean Number of Children	3.3	3.4	3.1	3.2
Number of Other Adults (Excluding Caregiver)				
0	56.0	60.0	41.4	51.7
1	30.0	20.0	48.3	34.8
2	6.0	-	3.5	4.5
3	4.0	-	6.9	4.5
4	2.0	-	-	1.1
5	2.0	-	-	1.1
Unable to Determine	-	20.0	-	2.3
Relationship of Other Adults to Primary Caregiver				
Parent	16.0	-	17.2	14.6
Spouse or Opposite-sex Non-marital Partner	22.0	20.0	34.5	25.8
All Others (Grandparent, Siblings, Other Relatives, Other Nonrelatives)	6.0	-	7.0	5.6

TABLE 2-5

DISTRIBUTION OF CHILDREN ENTERING SUBSTITUTE CARE BY PRIMARY REASON FOR PLACEMENT

Primary Reason for Placement	Children Entering Substitute Care	
	N	%
Neglect	33	37.1
Physical Abuse	15	16.9
Sexual Abuse	6	6.7
Abuse of Sibling Caused Removal of Sampled Child	2	2.2
Abandonment or Unwillingness to Care for Child	13	14.6
Substance Abuse	10	11.2
Other Parental Problems (Illness, Death, Incarceration, Financial Hardship)	10	11.2
Total	89	100.0

37 percent are attributed to other parental problems. About 15 percent of the caregivers either abandoned or were unwilling to care for their child. For equal proportions of children (11 percent), substance abuse and other caregiver problems (physical, mental or emotional impairment, death, incarceration, or financial hardship) resulted in placement. Nationally, protective service reasons (neglect and abuse) account for 48 percent of cases and other parental problems, 26 percent.* The caregivers in our sample thus are more apt to neglect and abuse their children and to have personal problems resulting in placement. The figures suggest that these families have more severe dysfunctioning than is manifest in the national population whose children enter care.

From the case records, we identified the date the family was first known to the local or any other child welfare agency (whether because the family was reported, or receiving preplacement prevention services, or had a child placed out-of-the-home). Then we calculated average length of time between this date and the date the sampled child entered care. For the 83 children for whom both dates were available, the average time was 20.5 months. It is apparent that a number of families have a lengthy history with the agency involving alleged or actual incidents of child maltreatment.

Presence or absence of handicaps was crosstabulated with primary reason for placement. Virtually no differences emerged between the two groups of children, except that children with handicaps were slightly more likely to be abandoned (see Table 2-6).

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*Voluntary Cooperative Information System (VCIS), 1984.

TABLE 2-6

PERCENT OF CHILDREN WITH AND WITHOUT HANDICAPS BY BY PRIMARY REASON FOR PLACEMENT

Primary Reason for Placement	Percent of Children	
	With No Handicap (N = 49)	With Handicap (N = 40)
Neglect	36.7	37.5
Physical Abuse	18.4	17.5
Sexual Abuse	6.1	5.0
Abuse of Sibling Caused Removal of Sampled Child	4.1	-
Abandonment	10.2	20.0
Substance Abuse	12.2	10.0
Other Parental Problems	12.2	10.0

TABLE 2-7

DISTRIBUTION OF CHILDREN IN CARE BY INITIAL CASE GOAL

Initial Case Goal	Children in Care	
	N	%
Reunification with Primary Caregiver	73	82.0
Reunification with Other Adult in the Same Household	-	-
Placement with Relative	3	3.4
Adoption	3	3.4
Long-term Foster Care	7	7.9
Unable to Determine	3	3.4
Total	89	100.0

Case plans or service agreements appeared in all but three of the records examined (97 percent). As Table 2-7 shows, reunification with the primary caregiver was the initial case goal for over four-fifths of the children (82 percent); a few others had the goal of placement with a relative (3 percent). Long-term foster care was planned for 8 percent of the children, which reflects a goal of trying to provide family-based permanency. However, for 3 percent, adoption was planned. The goal for the remaining 3 percent could not be determined.

From the case plans, we identified those services and/or assistance needed by the person initially intended to be the child's permanent caregiver upon the child's discharge from the agency. This person is likely to be the original caregiver who must change certain behaviors and/or circumstances in order to have the child returned. In considering the role of the Head Start program in working with at-risk families, it is important to know what the service needs of the families are.

The services displayed in Table 2-8 are provided directly by the child welfare program or through referral of the caregiver to other community agencies. Eighty-three out of the 89 caregivers for whom information was available required at least one, and usually more, services to effect the initial case goal. Across these services, a majority of the 83 caregivers needed mental health services (66 percent), housing assistance and parenting skills (each, 54 percent). Between 21 and 31 percent required job training or employment, substance abuse services, and/or family therapy or family counseling.

The percentage of caregivers needing each type of service who received it appears in the last column of Table 2-8. Even though the caregiver may not have complied fully with each requirement of the case plan, she was given

TABLE 2-8

DISTRIBUTION OF PERSONS INITIALLY INTENDED TO BE CHILD'S PERMANENT CAREGIVER AND NEEDING SERVICES BY TYPE OF SERVICES NEEDED AND WHETHER OBTAINED

Caregiver Services or Assistance	Number and Percent of Initially Intended Caregivers Needing Each Service or Assistance (N = 83)		Number and Percent of Caregivers Needing Each Service Who Obtained It	
	N	%	N	%
Mental Health Services	55	66.3	33	60.0
Substance Abuse Services	22	26.5	7	31.2
Job Training/Employment	18	21.7	3	16.7
Money Management	7	8.4	4	57.1
Household Management/Homemaking	11	13.3	7	63.6
Housing	45	54.2	14	31.1
Child Care	9	10.8	5	55.6
Parenting Skills	45	54.2	22	48.9
Physical Health Services	11	13.3	6	54.5
Family Therapy/Counseling	26	31.3	15	57.7
Basic Education Classes	6	7.2	3	50.0
AFDC	6	7.2	2	33.3
SSI or General Welfare Assistance	3	3.6	3	100.0
Transportation	4	4.8	2	50.0
Ensuring Child Obtains Needed Services/School	9	10.8	7	77.8
Visiting with Child	41	49.4	27	65.9
Legal Services	3	3.6	2	66.7
Furniture/Appliances	2	2.4	0	-
Parent Support Group	2	2.4	2	100.0

credit for obtaining or receiving the service if there was substantial compliance (e.g., attending a substantial part of a substance abuse or family counseling program). Nonetheless, compliance levels are not as high as one might expect. They are much lower for services related to more severe systemic problems (job training/employment--17 percent; housing--31 percent; substance abuse--31 percent) than for mental health, family therapy or adjunct services such as household or money management (each about 60 percent).

Serviced needed by the children to affect the case goal also are provided directly by or through referral from the child welfare agency. Among the children, services were not needed by 13 and could not be determined for 5. Table 2-9 displays those services required by the remaining 71 children. Over half needed mental health and/or physical health services (63 and 56 percent, respectively). Regular school or preschool attendance was specified for 54 percent of the children. Other children needed specialized education programs (14 percent), therapeutic programs (13 percent) or residential treatment (6 percent). All or most children received each service needed. Lack of an available program or slot sometimes caused a gap in service needs being met; in other instances, the record did not reveal whether or not the service had been received.

2.3 STATUS OF CASES AT TIME OF REVIEW

At the time the case records were reviewed, 70 percent of the cases (N=62) were open. The permanency plans have changed among children who are still in care (see Table 2-10). Compared to their initial case goals, fewer children have reunification or relative placement as a goal (68 vs. 89 percent), more

TABLE 2-9

DISTRIBUTION OF CHILDREN NEEDING SERVICES BY TYPE OF SERVICES NEEDED AND WHETHER OBTAINED

Child Services or Assistance	Number and Percent of Children Needing Each Service (N = 71)		Number and Percent of Children Needing Each Service Who Obtained It	
	N	%	N	%
Mental Health Services	45	63.4	44	97.8
Physical Health Services	40	56.3	40	100.0
Family Therapy/Counseling	9	12.7	9	100.0
Preschool	16	22.5	15	93.8
Transportation	3	4.2	3	100.0
Speech Therapy	15	21.1	13	86.7
Special Residential Treatment	4	5.6	3	75.0
Regular School Attendance/ Educational Services	22	31.0	21	95.5
Special Education Program	10	14.1	9	90.0
Therapeutic Child Program	9	12.7	6	66.7
Legal Services	2	2.8	2	100.0

TABLE 2-10

PERCENT OF CHILDREN WHOSE CASES ARE OPEN OR CLOSED BY SELECTED SUBSTITUTE CARE CHARACTERISTICS

Selected Substitute Care Characteristics	Percent of Children	
	At Time of Review for Those Still in Care (N = 62)	At Time Child Left Care (N = 27)
Current or Final Case Goal		
Reunification with Caregiver	59.7	55.6
Reunification with Other Adult in Same Household	1.6	7.4
Placement with Relative	6.5	18.5
Adoption	16.1	18.5
Long-term Foster Care	14.5	-
Unable to Determine	1.6	-
Initial Case Goal		
Reunification with Caregiver	83.9	77.8
Reunification with Other Adult in Same Household	-	-
Placement with Relative	4.8	-
Adoption	1.6	7.4
Long-term Foster Care	8.1	7.4
Unable to Determine	1.6	7.4
Current or Final Foster Care Setting		
Foster Home	51.6	37.0
Relative Placement	32.3	44.4
Specialized Foster Home	9.7	-
Nonfinalized Adoptive Home	-	14.8
Child Care Institution	1.6	-
Residential Treatment Facility	4.8	-
Unable to Determine	-	3.7
Average Number of Months in Care	32.2	22.2*
Average Number of Months Between Date Family First Known to Agency and Date Child Entered Care	22.7**	15.8*
Prior Episode(s) of Care		
Yes	17.7	11.1
No	74.2	85.2
Unable to Determine	8.1	3.7

* N=26
** N=57

are in long-term foster care (15 vs. 8 percent) or have adoption as a goal (16 vs. 2 percent). Just over half the children are currently in foster homes (52 percent) and nearly one-third (32 percent) are placed with relatives. Fifteen percent of the children need specialized foster homes or residential treatment facilities.

Thirty percent of the sampled cases (N=27) were closed at the time of the review--meaning that the child had been placed in his/her intended permanent home. No aftercare services or supervision were being provided to two-thirds of the families with whom the children had been placed. As shown in Table 2-10, most of the 27 children were reunified with their previous caregiver or another adult in the same household (63 percent) or were placed with a relative (19 percent). Compared to the initial case goals, there were increases in relative placements and adoption as permanent outcomes for children leaving care, and decreases in reunification and long-term foster care. The last foster care setting prior to leaving care tends to reflect these outcomes, in that 44 percent of the children were placed with a relative, while 15 percent were in a nonfinalized adoptive home.

Length of time in care for the 62 children whose cases were open at the time the review was conducted averaged 32.2 months. For closed cases, we established termination as the date when the child returned home or was placed permanently with a relative, or when adoption papers were filed. While custody legally was still with the agency at this time, the final permanency goal for the child essentially had been met. For the 26 children for whom a date was available in the case record, the average length of time in care was 22.2 months.

VCIS data from 27 states (representing 56.7 precent of the total substitute care population at the end of Fiscal Year 1984) show that the median length of time in care for children still in care at the end of 1984 was 18 months. Sixty-one percent had been in care for less than 2 years, compared to 38 percent who had been in care for more than 2 years. The large numbers represented in the VCIS database are likely to yield similar figures for the median, mean, and mode. A comparison of the VCIS median length of time in care to the average number of months for children still in care in our sample shows a substantially longer period of time for the Head Start population (18 vs. 32.2 months).

Children still in care not only have a longer average time in care than do children who have been discharged, but their families also have been known to the agency for a longer period of time prior to entering care. The average number of months between the time the family first came to the attention of the agency and the child's entry in care is 22.7 months for 57 open cases and 15.8 months for 26 closed cases.

Fourteen children (16 percent) definitely were known to have at least one prior episode of care. Children whose cases were still open were somewhat more likely than children who had left care to have prior substitute care experience (18 vs. 11 percent).

3. STUDY FINDINGS

This chapter presents the study findings, based on data obtained from the computerized matching process, case record reviews and interviews. There are six sections covering the following topics:

- Substitute care and Head Start (number of Head Start children in substitute care, timing of these two experiences, agency interactions referenced in the case record, nature of Head Start involvement in the case);
- Impact of Head Start on substitute care episode;
- Interviews with Head Start staff;
- Interviews with substitute care supervisors;
- Case study of a sampled child; and
- Recommendations.

Each section includes the particular study questions being addressed.

3.1 SUBSTITUTE CARE AND HEAD START

This section consists of two subsections, each of which relies on a different database. In the first subsection, data obtained from computerized matching process are used to address the study questions about numbers of Head Start enrollees in substitute care. This data set also provides some tentative information about the effect of Head Start enrollment on entry into substitute care for a subset of the population in our study.

The second subsection returns to the case record data gathered on-site. The previous chapter described the sample of 89 children in considerable detail. In this chapter we develop the examination of relationships between

Head Start and substitute care by looking at agency interactions and the nature of Head Start's involvement, if any, in the 89 cases, based on notations in the child welfare case records.

3.1.1 Number of Head Start Children in Substitute Care

Two of the study questions ask for counts of Head Start children in substitute care.

> How many of the children enrolled in Head Start are in substitute care during or following their Head Start experience?
>
> How many current (1986-87) enrollees are in substitute care?

To answer these questions, we have used data obtained through the matching process at each site. These data enable us to approach the first study question in two different ways: by examining the timing of children's substitute care experience in relation to their Head Start enrollment; and by comparing the proportion of the Head Start population in substitute care with the proportion of the total child population in substitute care.

The Program Information Report provides number of enrollees by program year, as we have seen in Table 1-3. We have derived unduplicated counts of children enrolled in Head Start during the 5-year study period by subtracting the number of children enrolled for a second and third program year from the total number of enrollees in each program year (except in the first study year, 1982-83, when all enrollees must be included). Then we identified that subset of first-time enrollees each year who were in substitute care during or following their Head Start enrollment. Tables 3-1, 3-2, and 3-3 present this information for each Head Start program in our study.

To answer the question about the number of current enrollees who are in substitute care, we refer to the column in each table showing 1986-87 data.

TABLE 3-1

CHICAGO PUBLIC SCHOOLS HEAD START ENROLLEES WITH CONCURRENT OR SUBSEQUENT SUBSTITUTE CARE EXPERIENCE BY PROGRAM YEAR

Chicago Public Schools' Head Start Enrollees	Head Start Program Year					
	1982-83	1983-84	1984-85	1985-86	1986-87	TOTAL
Unduplicated Count of Children Enrolled in the Chicago Public Schools Head Start Program*	7,264	3,534	4,530	4,237	4,282	23,847
Number of Children Whose Substitute Care Experience is Concurrent with or Follows Head Start (HS) Enrollment**	98	88	68	70	68	392
Percent of Enrollees Who Have Concurrent or Subsequent Substitute Care (SC) Experience	1.4	2.5	1.5	1.7	1.6	1.6
Of These Children, Number Who Were In:**						
HS and SC more than 1 month	84	76	58	65	65	348
SC 1 month or less	10	10	8	0	2	30
HS 1 month or less	4	2	2	5	1	14

*Source: Program Information Report; excludes those children enrolled for second and third program years from 1983-84 on (see Table 1-3).

**Source: Derived by CSR from computerized listings and matching process. The identifiers for Head Start children were matched against those for 19,596 age-eligible children in substitute care in Illinois.

TABLE 3-2

DADE COUNTY CAA HEAD START ENROLLEES WITH CONCURRENT OR SUBSEQUENT SUBSTITUTE CARE EXPERIENCE BY PROGRAM YEAR

Dade County CAA Head Start Enrollees	Head Start Program Year					
	1982-83	1983-84	1984-85	1985-86	1986-87	TOTAL
Unduplicated Count of Children Enrolled in the Dade County CAA Head Start Program*	2,500	395	779	803	701	5,178
Number of Children Whose Substitute Care Experience is Concurrent with or Follows Head Start (HS) Enrollment**	3	3	5	1	3	15
Percent of Enrollees Who Have Concurrent or Subsequent Substitute Care (SC) Experience	0.1	0.8	0.6	0.1	0.4	0.3
Of These Children, Number Who Were In:**						
HS and SC more than 1 month	3	3	5	1	3	15
SC 1 month or less	0	0	0	0	0	0
HS 1 month or less	0	0	0	0	0	0

*Source: Program Information Report; excludes those children enrolled for second and third program years from 1983-84 on (see Table 1-3).

**Source: Derived by CSR from computerized listings and matching process. The identifiers for Head Start children were matched against those for 3,475 children in substitute care in Dade County during the study period.

TABLE 3-3

SCHOOL DISTRICT OF PHILADELPHIA HEAD START ENROLLEES WITH CONCURRENT OR SUBSEQUENT SUBSTITUTE CARE EXPERIENCE BY PROGRAM YEAR

School District of Philadelphia Head Start Enrollees	Head Start Program Year					
	1982-83	1983-84	1984-85	1985-86	1986-87	TOTAL
Unduplicated Count of Children Enrolled in School District of of Philadelphia Head Start Program*	1,888	1,333	1,331	1,510	1,654	7,716
Number of Children Whose Substitute Care Experience is Concurrent with or Follows Head Start (HS) Enrollment**	18	21	17	8	7	71
Percent of Enrollees Who Have Concurrent or Subsequent Substitute Care (SC) Experience	1.0	1.6	1.3	0.5	0.4	0.9
Of These Children, Number Who Were In:**						
HS and SC more than 1 month	9	13	12	7	7	48
SC 1 month or less	9	8	5	1	0	23
HS 1 month or less	0	0	0	0	0	0

*Source: Program Information Report; excludes those children enrolled for second and third program years from 1983-84 on (see Table 1-3).

**Source: Derived by CSR from computerized listings and matching process. The identifiers for Head Start children were matched against 6,000 children in substitute care in Philadelphia during the study period.

The proportion of first-time enrollees who are in substitute care during the 1986-87 Head Start program year is less than one-half of one percent in Philadelphia and Dade County (0.4 percent) and four times larger (1.6 percent) in Chicago.

Over the 5-year study period, the Chicago Public School program shows the highest proportions of Head Start enrollees experiencing substitute care, ranging from 1.4 to 2.5 percent of enrollees, for a 5-year percentage of 1.6. For the School District of Philadelphia, the percentages peaked at 1.6 in 1983-84 and then declined to 0.4 in 1986-87. The 5-year percentage is just under one percent--0.9. Dade County has the lowest percentages, barely exceeding one-half of one percent in two different years, for an overall percentage of 0.3. Dade County enrollees in substitute care may be somewhat underreported, because while on site we discovered two current foster children also in the Dade County Head Start whose names did not appear on our list of matched names.

Three points should be made about these data. The first is that recent enrollees have not had as much time as earlier enrollees to accumulate a record of entry into substitute care. Therefore the proportions of children in care, especially for the last two program years, may be somewhat lower than we would find if similar data were collected on the same enrollees 2-3 years from now. Second, the counts of enrollees in care include the 66 children whom we dropped from the eligible universe because their total time in substitute care or in Head Start was 30 days or less. They have been included here to provide complete counts of children in answer to the first and second study questions. Third, the figures reported for each site do not differentiate between children in substitute care during Head Start and those who entered care after Head Start (except for 1986-87 enrollees, for whom all but one were in care during the program year).

Start (except for 1986-87 enrollees, for whom all but one were in care during the program year).

To refine our counts and provide a basis for simple analysis of the impact of Head Start on entry into substitute care, we examined entry dates for the 412 computer-matched children in the three sites. For 20 children, only their last substitute care placement date, not their date of entry into care, was available from the data tape. Among the remaining 392 children with entry dates, 212 or 54 percent had concurrent Head Start and substitute care experience, but they actually entered care before they enrolled in Head Start. Another 57 children (15 percent) also had concurrent program experience, but they entered care during the time they were in Head Start. The other 123 children (31 percent) entered substitute care after they left Head Start. These figures reveal that the majority of Head Start enrollees who experience substitute care are already in care when they begin Head Start. Therefore, any effect that Head Start might have on this group of children would relate to outcomes of their substitute care experiences rather than prevention of placement. Further, when working with parents of enrollees who are in substitute care, Head Start is more likely to be working with foster parents than with biological parents.

Data on the timing of their entry into substitute care in relation to their Head Start enrollment dates is complete for all matched children in two of the three sites. Thus, for Chicago (N=348) and Miami (N=15), we can provide incidence data, based on the unduplicated counts of Head Start enrollees for the 5-year study period, and make some comparisons to other data on children in substitute care.* Table 3-4 shows that the proportion of Head Start children who are in substitute care at the same time they are enrolled in the program (whether they entered care before or during Head Start) is 1.0 percent in Chicago and 0.3 percent in Miami. The incidence of children entering care while enrolled in the program is much lower, however--0.2 and 0.1 percent, respectively.

To provide some comparative data, Table 3-5 displays the percentage of all children in public substitute care for each of the three sites in our study. These data are derived from the national survey of child welfare agencies conducted in 1980 by the Office of Civil Rights (OCR) and 1980 Census data. In Chicago, the proportion of all children under age 18 who were in substitute care was just under one percent (0.9 percent), while in Dade County it was nearly two percent (1.7 percent). The Philadelphia figure is presented even though it will not be used for comparison with our data.

The OCR data for Chicago show the same proportion of children in care for the under age 18 population as for Head Start enrollees concurrently in care. Thus, it appears that the Head Start population and the total child population in Chicago did not have different substitute care rates. However, for Dade County, many more children from the general population were in substitute care than were Head Start enrollees (1.7 percent vs. 0.3 percent), which suggests that the Head Start population differs from the population at large. Changes in the proportions of children in substitute care have occurred since the 1980 survey and make these comparisons somewhat tentative.

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*Unfortunately, we are unable to compute this figure for the Philadelphia Head Start children because the DHS database did not have initial substitute care entry dates for about forty percent of the children in our sample.

TABLE 3-4

TIMING OF HEAD START ENROLLEES' ENTRY INTO SUBSTITUTE CARE FOR CHICAGO AND DADE COUNTY PROGRAMS

	Chicago		Dade County	
	N	%*	N	%*
Head Start Enrollees Concurrently in Substitute Care	237	1.0	14	0.3
Enrollees Entering Care before Head Start	186	0.8	12	0.2
Enrollees Entering Care during Head Start	51	0.2	2	< 0.1
Head Start Enrollees Entering Substitute Care after Leaving Head Start	111	0.5	1	< 0.1

*Percentages based on unduplicated count of Head Start enrollees over the 5-year study period in Chicago (N=23,847) and in Dade County (N=5,178).

TABLE 3-5

1980 OCR DATA ON CHILDREN IN SUBSTITUTE CARE BY STUDY SITE

	Chicago DCFS Regional Office	Miami DHRS District II	Philadelphia County
Total Caseload, 1980*	7,262	6,679	21,840
Child Population, 1980**			
Under 5 Years	231,390	94,295	108,045
5 to 17 Years	622,050	295,892	329,201
Total	853,440	390,187	437,246
Percent of All Children in Substitute Care in 1980	0.9%	1.7%	5.0%

*Source: 1980 Children and Youth Referral Survey, Public Welfare and Social Service Agencies, Department of Health and Human Services, Office of Civil Rights, September 1981.

**Source: 1980 Census.

A final comparison of Head Start figures with the percentage of children in substitute care nationally can be made using VCIS and Census data.* The proportion of children age 0-5 in the U.S. who were in substitute care at the end of Fiscal Year 1984 was approximately 0.4 percent--less than one-half of one percent. This is almost the same proportion as for Dade County Head Start enrollees concurrently in care over the 5-year period (0.3 percent), but contrasts with the higher figure for Chicago (1.0 percent). Since the percentage of Chicago's Head Start enrollees and total child population in care is the same, this suggests that Chicago's population is less like the national norm--not a surprising observation in light of the fact that Chicago is one of the nation's largest cities.

We performed one other analysis of a subset of the eligible universe of children and discuss the findings here before turning our attention to the database provided by the 89 case records. We hypothesized that Head Start's impact on the substitute care experience would be strongest right after Head Start and would diminish as the time since a child's Head Start experience increases. This essentially says that the benefit of Head Start participation to the family weakens as more time passes after the child departs from Head Start. To see if Head Start has an effect on delaying the entry of enrollees into care after leaving the program, we examined the timing of these two events. Of the 123 children who entered care after their last day in Head Start, 44 percent went into care within 12 months of leaving the program. Analysis of subsets of the 123 children who had been out of Head Start for various lengths of time showed the same general pattern--the largest proportion entered care within 12 months of leaving Head Start, and the proportions decreased each year thereafter.

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*At the end of Fiscal Year 1984, VCIS reported that the number of children age 0-5 in substitute care was 45,762 (based on data from 33 states and representing 67.7 percent of the total U.S. substitute care population). According to 1980 Census data, there were 9,913,950 children age 0-4 in these 33 states. Using the VCIS figure as the numerator and the Census figure as the denominator (and allowing for the fact that 5-year-olds are not represented in this Census data) yields roughly 0.4 percent of children age 0-5 in the 33 states in substitute care. This figure approximates a national average.

This finding contradicts our hypothesis. When examined in connection with the low incidence of enrollees entering substitute care during their Head Start year, however, it may suggest a different hypothesis--that, for children at risk of substitute care placement when they enroll, Head Start postpones their placement.

3.1.2 Role of Head Start in the Substitute Care Experience of the Sample

This subsection looks at the timing of the substitute care and Head Start experiences for the sample of 89 children and presents the study findings with respect to child welfare-Head Start interactions and the nature of Head Start's involvement, if any, in the 89 cases. Table 3-6 presents the distribution of the 89 sampled children in substitute care by the timing of care in relation to their Head Start experience. This bears on the role Head Start might play in preventing placement or facilitating reunification.

Fifty-three percent of the sample entered substitute care before enrolling in Head Start and most of these children were still in care after their Head Start experience ended. For this group of children, Head Start obviously could not have any influence on preventing placement. Only 11 percent entered substitute care during their Head Start year, and most continued in care after leaving Head Start. Thirty-six percent entered care after their enrollment in

TABLE 3-6

DISTRIBUTION OF SAMPLED CHILDREN IN SUBSTITUTE CARE BY TIMING OF CARE IN RELATION TO HEAD START EXPERIENCE

Timing of Most Recent Substitute Care Episode in Relation to Head Start Experience	Children Entering Substitute Care	
	N	%
Before, During, and After Head Start	39	43.8
Before and During Head Start	8	9.0
During Head Start	3	3.4
During and After Head Start	7	7.9
After Head Start	32	36.0
Total	89	100.0

TABLE 3-7

PERCENT OF SAMPLED CHILDREN WITH PRIOR EPISODES OF SUBSTITUTE CARE BY TIMING OF PRIOR EPISODES IN RELATION TO HEAD START EXPERIENCE

Timing of Prior Substitute Care Episodes in Relation to Head Start Experience	Percent of Children With One, Two or Three Prior Episodes of Substitute Care (N = 14)		
	1	2	3
Before Head Start	64.3	21.4	7.1
Before and During Head Start	14.3	-	-
During Head Start	7.1	-	-
Before, During, and After Head Start	7.1	-	7.1
After Head Start	7.1	-	-

Head Start ended. These figures are similar to those for the universe of eligible children described in the preceding section. Shortly we will examine the issue of Head Start's influence on reunification among the sample.

Of the 89 children whose records we reviewed, 69 (78 percent) had not been in care before. Fourteen (16 percent) did have from one to three prior episodes of substitute care; for most of these children, the episode occurred or began before they entered Head Start (see Table 3-7). For the remaining six children (7 percent), the record was not clear. Children with previous substitute care experience would appear to have a poorer prognosis for reunification. Subsequent analysis will explore case goals and outcomes for these children.

Mean time between families first being known to the child welfare agency and enrollment in Head Start was 18.5 months. This average was based on 46 families. Of the remaining families, 15 became known to the agency after the children's enrollment date and, for 28 families, the exact Head Start enrollment date could not be determined.

Of the 57 children in care and Head Start at the same time, 58 percent lived in a foster home and one-third were placed with a relative (see Table 3-8). Nearly all the children were living in a family setting like other Head Start children, and those in relative homes offered Head Start staff the opportunity of working directly with the extended family.

Head Start enrollment year(s) was examined in relation to status of the case, i.e., whether it is open or closed. As revealed in Table 3-9, the majority of children in each program year are still in care. Larger proportions of open cases appear among more recent enrollees. Conversely, there are smaller proportions of closed cases. As might be expected, more of the newer cases have not yet achieved a final permanent outcome.

TABLE 3-8

DISTRIBUTION OF SAMPLED CHILDREN WITH CONCURRENT SUBSTITUTE CARE AND HEAD START EXPERIENCES BY SUBSTITUTE CARE SETTING DURING TIME CHILD WAS ENROLLED IN HEAD START

Substitute Care Setting During Time Child Enrolled in Head Start	Children with Concurrent Substitute Care and Head Start Experiences	
	N	%
Foster Home	33	57.9
Relative Placement	19	33.3
Non-Finalized Adoptive Home	1	1.8
Residential Treatment Facility	1	1.8
Specialized Foster Home	1	1.8
Unable to Determine	2	3.5
Total	57	100.0

TABLE 3-9

PERCENT OF SAMPLED CHILDREN WHOSE CASES ARE OPEN OR CLOSED BY ENROLLMENT YEAR(S) IN HEAD START

Enrollment Year in Head Start	N*	Percent of Cases by Enrollment Year	
		Open	Closed
1982-83	20	65.0	35.0
1983-84	26	61.5	38.5
1984-85	21	66.7	33.3
1985-86	21	71.4	28.6
1986-87	21	76.2	23.8

*The total of these N's exceeds 89 children because 20 were enrolled for more than one year.

The last two study questions identified in Chapter 1 are addressed partly by information contained in the case records and partly by interview data presented in Sections 3.3 and 3.4. It is appropriate to list the questions here prior to examining case record data on these topics.

> To what extent are the biological and foster parents involved in the Head Start program and what is the nature of their involvement?
>
> How can Head Start play a constructive role with children at risk of entry and already in substitute care to prevent placement or facilitate reunification?

The study relied solely on the child's case record for information about Head Start's involvement, if any, in helping with the child's permanency plan. From past experience we were aware that the contents of case records vary markedly from caseworker to caseworker and from agency to agency, so we began our examination of Head Start's role by determining if the child's enrollment was noted in the record. For nearly half the sample (46 percent), it was. Table 3-10 displays this information for children entering care before, during, and after Head Start. The case records for the majority of children in the first two categories noted enrollment in or referral to the program; one would expect to find such notations because these 57 children had concurrent Head Start and substitute care experiences.

Parent contact or involvement with Head Start was noted in the records of only six children and, for five of these children, it was by the foster parent rather than the biological parent. The different types of contacts or involvement and the number of parents involved in each type are summarized below:

- Enrolled child in Head Start (2);
- Interviewed as part of child's assessment (1);
- Reported child's progress in Head Start to the caseworker and (by implication) had contact with the Head Start teacher and/or staff (2);

TABLE 3-10

PERCENT OF CHILDREN ENTERING CARE BEFORE, DURING OR AFTER HEAD START BY HEAD START ENROLLMENT NOTED IN CASE RECORD

Head Start Enrollment Noted in Case Record	Percent of Children Entering Care			
	Before Head Start (N = 47)	During Head Start (N = 10)	After Head Start (N = 32)	Total (N = 89)
Yes	53.2	70.0	28.1	46.0
No	36.2	20.0	71.9	47.2
Referral to Head Start Noted	2.1	-	-	1.1
Not Sure that Program Identified Is Head Start	8.5	10.0	-	5.6

- Helped in the program (2); and
- Visited Head Start (1).

Of these various types of contacts, only one--volunteering in the program--constitutes parent involvement in Head Start.

The child welfare agency enlisted Head Start to help achieve the case plan goal in only 10 percent of the cases where children entered care before or during their Head Start enrollment. However, as shown in Table 3-11 the agency recommended Head Start or an appropriate preschool program for another 15 percent and 10 percent, respectively, of the children. The record was not clear about this matter for many of these children, so it is possible that Head Start was recruited more often that the records revealed.

The program would not have any role in achieving the case plan for children who entered care following Head Start. However, data for this group of children are included in Table 3-11 because, for nine percent, a preschool program or Head Start had been recommended during a previous episode of care or at-home supervision.

The total number of children across all three groups for whom Head Start was enlisted to help achieve the case plan, or for whom Head Start or a preschool program was recommended at any time, is small (6 and 11 children, respectively). Of these 17 children, three are from Dade County, eight from Philadelphia, and six from Chicago; 14 are still in care. It may be that caseworkers do not automatically think about preschool for young children as they always would think about school for public-school-age children. A subsequent section presents comments from substitute care supervisors that may shed some light on this issue.

TABLE 3-11

PERCENT OF CHILDREN ENTERING CARE BEFORE, DURING OR AFTER HEAD START BY WHETHER OR NOT THE CHILD WELFARE AGENCY ENLISTED HEAD START TO HELP ACHIEVE CASE PLAN GOAL

Child Welfare Agency Enlisted Head Start's Help	Percent of Children Entering Care			
	Before Head Start (N = 47)	During Head Start (N = 10)	After Head Start (N = 32)	Total (N = 89)
Yes	10.6	10.0	-	6.7
No, but Recommended or Referred to Head Start	6.4	10.0	-	3.4
No, but Recommended Appropriately Structured Preschool Program	8.5	-	-	5.6
No, but Recommended Preschool Program or Head Start During Previous Episode of Care or At-home Supervision	-	-	9.4	3.4
No	34.0	40.0	90.6	55.1
Unable to Determine	40.4	40.0	-	25.8

When case plans or child evaluations required or recommended the child's enrollment in Head Start or an appropriate preschool, there usually was a statement about what that experience was expected to provide for the child. The expectations or benefits for the child and number of times each was cited are listed below:

- Socialization of the child (5);
- Educational day care/structured learning environment/consistent intellectual stimulation (4);
- Developmental progress of child who is developmentally delayed or lacking in abilities (4); and
- Specialized learning environment for child with physical and mental handicaps (1).

The emphasis on stimulation, socialization, and developmental progress underscores the contributions of a preschool program in ameliorating early childhood deficiencies.

Contact between child welfare and Head Start staff was noted in nine of the case records. Contacts by agencies hired to deliver placement services (known as third-party providers) are included in this count. The purposes of the contacts and number of times the child welfare or other staff were involved are described as follows:

- To enroll or refer a child to the program (4);
- To determine child's enrollment status (1);
- To arrange or follow up on special services (e.g., speech therapy) available to the child through the Head Start program (2);
- To check on child's progress in or adjustment to the program (1);
- To ask about the child's attendance (1);
- To attend a meeting or become acquainted with the program (2); and

- To discuss whose signature (the foster parent's or the caseworker's) should appear on program registration and consent forms (1).

The records showed that third-party providers were just as likely as public child welfare caseworkers to make the contact with Head Start Social Services staff, teachers, or others. Both telephone and in-person contacts were noted in the record.

Other mentions of Head Start appeared in 26 of the case records and offer glimpses of the kinds of assistance Head Start provides. The notations addressed the following topics:

- Results of the child's psychological or speech/language evaluation (4);
- Length of time the child has attended Head Start or that his/her attendance is satisfactory (9);
- Primary caregiver should cooperate with Head Start (1);
- Child's skills, progress or enjoyment of program (8);
- Sibling's planned or actual enrollment in Head Start or the sibling's progress in program (12);
- Behavior problems of the sampled child in Head Start (1);
- Report by Head Start teacher of suspected sexual abuse of the child (1); and
- Child's enrollment in Head Start while under at-home preplacement or aftercare supervision (3).

As revealed in these topics, Head Start had involvement with various sampled children during the preplacement, substitute care and/or aftercare phases of their lives. In addition, the program also enrolled their siblings and thereby enlarged the number of family members potentially benefiting from Head Start.

The third and fourth study questions ask for information on closed cases.

How many of the children in substitute care during or following Head Start have been reunited with their families?

For these children, did Head Start play a role in their reunification?

The review of case records provides the only data on outcomes of care. As shown in Table 2-10, 27 cases were closed at the time of our review and, of these, the majority were reunified with their parent or other adult in the same household (63 percent) or placed with a relative (19 percent). In examining whether or not the child welfare agency involved Head Start in the case plan, we find that Head Start was never enlisted to help achieve the plan, based on the case records of these 27 children. There were single contacts between child welfare and Head Start staff in four cases to determine the child's enrollment status, attendance record, or appropriate signatures on consent forms. From the case record, there is no obvious Head Start role in the children's outcome of reunification. However, analyses described in the next section suggest shorter times to reunification for one subgroup of the sample.

3.2 IMPACT OF HEAD START ON THE SUBSTITUTE CARE EPISODE

As part of our analysis we examined whether Head Start enrollment influenced the child's substitute care experience. For these analyses, we developed three measures of a child's Head Start's enrollment:

- Total time in Head Start. We computed the total number of months the child was in Head Start. If we did not know the exact dates of the child's enrollment in Head Start, we assumed the child was in the program for a full school year (nine months). There were 28 children for whom exact dates were not known.

- Agency involvement with Head Start. From the case record we collected 14 measures of Head Start involvement. These indicated whether contact between the agency and Head Start was noted in the record, whether parent contact with or involvement in Head Start was noted in the record, and whether the agency enlisted Head Start in reaching the case goal. We summed these items, giving one point for each "yes," to make a scale measuring Head Start-agency involvement, with a possible range of zero (no involvement noted for any item) to 14.

- Head Start lapse time. We computed the number of months between the time the child's family first became known to any child welfare agency and when the child first started Head Start. This measure could not be used for a total of 43 children who had completed Head Start before their families became known to the agency or whose exact Head Start enrollment date could not be determined.

We used these three measures to examine whether Head Start enrollment affected the following measures of the substitute care experience:

- Time in substitute care. The total time in months that the child was in substitute care was computed for 26 closed cases.
- Use of services. From the case record, we summed the total number of services used by the parents, by the child and for both child and parent. We also computed the proportion of required services used by parent, child and both combined.
- Case goals. We compared three groups of cases--those having an initial goal of reunification that later was changed to adoption or long term foster care, cases that maintained a goal of reunification throughout the substitute care episode, and cases that had an initial goal other than reunification but a final goal of reunification. This is visually depicted below.

	Initial Goal	Final Goal	
1)	Reunification	Not reunification	(N=21)
2)	Reunification	Reunification	(N=52)
3)	Not reunification	Reunification	(N=2)

We also compared cases with a current or final goal of reunification with cases that had other current final or goals. Table 3-12 presents the summary statistics on the measures used in these analyses.

It was not possible to conduct many analyses due to small sample sizes. In many cases we were able to find effects that were suggestive of Head Start's impact, but the findings were not statistically significant, often because of this small sample size. However, we were able to find statistically significant relationships, as well as some marginally significant ones, among certain variables as summarized below.

TABLE 3-12

MEANS AND STANDARD DEVIATION OF HEAD START AND SUBSTITUTE CARE MEASURES

Measures	N	Mean	Standard Deviation	Percent
Head Start Enrollment				
Total Time in Head Start (Months)	89	9.21	4.64	
Agency Involvement with Head Start	89	1.53	2.20	
Head Start Lapse Time (Months)	46	32.19	25.00	
Substitute Care Experience				
Time in Substitute Care (Months)	26	22.20	20.00	
Total Number of Services Used	84	3.93	2.17	
Number of Services Used by Parent	60	2.73	1.53	
Number of Services Used by Child	67	2.48	1.22	
Current or Final Goal of Reunification	88			71.0
Maintained or Changed to Goal of Reunification	75			72.0

Head Start Lapse Time

We expected to find that the child's enrollment in Head Start soon after the family became known to the agency would result in a shorter time in substitute care. This expectation was confirmed, as a positive correlation between time in care and Head Start lapse time was found ($r=.64$, $N=16$, $p<.01$). The longer the lapse time, the longer the child was in care. Conversely, the faster the child was enrolled in Head Start, the shorter the child was in substitute care. However, it should be noted that the sample size was quite small in this analysis because 15 children entered Head Start before their families became known to child welfare and exact Head Start enrollment date was unknown for 28 children.

Lapse time also was related to a final case goal of reunification, although the level of statistical significance was marginal. Cases with shorter lapse times were more likely to have a final or current goal of reunification ($r=.25$, $N=46$, $p=.09$), as opposed to some other goal.

In sum, there is evidence that the more quickly Head Start becomes involved with a child after the family becomes known to the agency, the shorter the child's time in substitute care and the more likely the case will have a final goal of reunification. However, it should be noted that these relationships are weak or based on a small number of cases.

Total Time in Head Start

We expected to find time in Head Start to be related to shorter time in substitute care, greater use of services, and maintaining a goal of reunification. This was based on our assumption that Head Start would have a positive effect on the children and those biological families involved in the program. However, the only significant relationship uncovered was a positive correlation between time in Head Start and time in substitute care (r=.45, N=26, p .05). That is, the longer the child was in Head Start, the *longer* he or she was in substitute care. However, this unexpected relationship was due to the five cases that were eventually adopted. Adoption cases were officially in substitute care for a considerably long period (45 months) before the petition for adoption papers were filed. The inclusion of these cases in the analysis had an inordinate effect on the mean time in substitute care as well as its correlation with time in Head Start. When we remove the five adoption cases from the analysis, the mean time in substitute care drops from 22.2 months to 16.6 months, and the correlation of this variable with time in Head Start drops to .11, which is not statistically significant. Thus, there does not appear to be any relationship between time in Head Start and time in substitute care.

Agency Involvement with Head Start

We examined this third measure of Head Start enrollment on the six substitute care measures. Agency involvement with Head Start, as measured by a 14-point scale, was statistically related only to goal changes. More involvement with Head Start was noted for cases that maintained a goal of reunification or became reunification from another goal (r=.19, N=75, p=.10). The less involvement with Head Start, the less likely an initial goal of reunification would be maintained. It should be noted that the relationship was not a strong one and does not quite reach the standard significance level (.05). It does suggest, however, that Head Start may play a role in keeping families together.

Other Analyses

We could find no relationship between the three Head Start measures and the substitute care measures relating to use of services. Apparently, many factors other than Head Start influence the use of services. For example, whether the service is available in the community and its accessibility to the family may influence use. Unfortunately, the examination of these issues was beyond the scope of the study.

We examined the relationship between Head Start and substitute care by using other measures as controls and by examining different types of cases. These analyses examined the following variables and sub-populations:

- Handicapped children;
- Size of household;
- Age of parent at placement;
- Type of abuse; and
- Concurrent Head Start-foster care experience vs. Head Start prior to foster care experience.

These analyses were hampered by small sample sizes that made meaningful analyses difficult or impossible. The only statistically significant effects found were between cases with concurrent Head Start and substitute care and cases that had Head Start prior to substitute care. Cases that had Head Start prior to beginning care were more likely to have reunification as a final goal, more likely to maintain a goal of reunification and had shorter times to reunification. Table 3-13 shows these relationships. These findings may indicate that Head Start intervention is maximally effective when it occurs prior to substitute care.

3.3 INTERVIEWS WITH HEAD START STAFF

The directors of the Head Start programs were informed well in advance of the site visits of the study requirement to interview up to three staff in each program. We requested that respondents be Social Services Coordinators and

TABLE 3-13

CASE GOALS AND REUNIFICATION TIME FOR CASES WITH CONCURRENT HEAD START AND SUBSTITUTE CARE AND PRIOR HEAD START EXPERIENCE

	Reunification Time (Months)	Final Goal Reunification (%)	Maintained Goal of Reunification (%)
Concurrent Head Start - Substitute Care (N = 57)	27.44	54.0	61.7
Head Start Prior to Substitute Care (N = 32)	10.40**	75.0*	88.5**

*p = .07 by t-test
**p < .05 by Fisher's Exact Test or Chi-squared

others knowledgeable about working with foster children and families whose children are at risk of entry or already in the child welfare system. The identity of the respondents was known to CSR before the visit, and they were informed that no preparation for the interview was necessary.

Four interviews with Head Start staff were conducted for this study. In two of the four, the primary respondent asked two other staff members to participate in order to provide more comprehensive responses to questions. One respondent to an individual interview held the position of Family Service Worker; the other had recently assumed a new position after having served as Health and Social Services Specialist for several years. In one group interview, the primary respondent was the program's Social Services Coordinator and the other two participants were Social Services Field Representatives. The other group comprised the Director of the Early Childhood Program; the Education, Parent Involvement and Mental Health Components Coordinator, and a Social Worker who works with Head Start families in a district encompassing 19 Head Start centers.

One of the eight interview participants has worked in Head Start for 7 years. Head Start experience for the remaining seven respondents ranges from 14 to 22 years. Except for the recently reassigned Health and Social Services Specialist, who had held her previous position for 7 years, participants have occupied their current positions for between 7 and 17 years.

In the group interviews, all participants did not answer each question. Instead, either the person most knowledgeable about a particular topic fielded questions about that topic, or a second participant elaborated on a response by the primary respondent. In the discussion that follows, interview data are presented by interview rather than by participant, unless there was disagreement between two participants in the same interview. Thus, the _N_ for the discussion is 4 rather than 8. Further, although the Head Start participants carry a variety of titles, they are identified in the following pages by the generic term, "Coordinator."

Data from these interviews address the study questions seeking information about the extent to which biological and foster parents are involved in the Head Start program, the nature of that involvement, and the role of the program in working with the families and children at risk of entry or already in substitute care. Coordinators' responses are based on their experiences and do not relate to any of the children in our sample.

3.3.1 Relationship with Public Child Welfare Agency

The Coordinators were asked about the existence of formal and informal agreements between Head Start and the local or state child welfare agencies with regard to serving families in the child welfare system. Respondents in three interviews said there is no written agreement between the two programs and the fourth Coordinator was unaware of such an agreement if it does exist.

Although there appear to be no formal agreements between Head Start and child welfare in these sites, respondents in all four interviews said there are informal relationships between the two programs. Child welfare workers refer children to Head Start in all sites. One Coordinator reported having made a presentation to child care workers about the Head Start program several years ago. Through informal agreements in two sites, Head Start eligibility policies have been broadened to include children in substitute care. In one of these sites, income eligibility requirements, which are based on family size, include a family-size category of one person--the child. This category applies to children in foster care. In the second site, a child referred by child welfare falls into a "special consideration" category that facilitates acceptance for enrollment.

Respondents were asked if they thought a written agreement between Head Start and child welfare about serving families would be helpful. They said "Yes" in one interview, a qualified "Yes" in one, and "No" in the other two. Where the response was "Yes," the respondent said, "It's always good to have [a written agreement] because of changes in administration." An agreement would serve "to pinpoint procedures. If we get a referral, we want to know if the mother has to put the child into Head Start or lose custody. Parents are thrown into the program when they don't want to be [and] parents are not required [by child welfare] to come." This Coordinator also identified a need to clarify responsibility for assisting with transportation. "If the center is some distance away, transportation can be a problem." Head Start may give parents tokens for transportation but child welfare does not provide such assistance.

In the site where the idea of a written Head Start-child welfare agreement received a qualified "Yes," the Coordinator felt it would be helpful only if child welfare wants some kind of priorities. Examples include priorities on types of cases that need immediate slots in Head Start or on target areas for recruitment. Otherwise, said the Coordinator, "Our program is obligated to serve all families and provide all services," so an agreement doesn't seem necessary.

In one of the sites where respondents did not think a written agreement would be helpful, the Coordinator simply felt it was not really needed. In the other site, reasons given for why an agreement would not be helpful were that the program already arranges whatever services are needed by the child and family based on a pre-enrollment family assessment, and that by law (P.L. 94-142), the program provides many services for the handicapped.

3.3.2 Enrollment of Children in Substitute Care

None of the respondents knew the number of 1986-87 Head Start enrollees who also were in substitute care. This information is not always revealed to programs, according to the Coordinators.

Respondents at each program differed in their perceptions of whether the proportion of the program's enrollees who are in substitute care has increased, decreased or remained the same over the past few years. Those who reported an increase attributed it to client- and environment-related factors: very young parents who are unable to care for their children appropriately; dissolution of nuclear families, leaving single parents who cannot care for the children; lack of jobs; and much stress. Respondents who reported a decrease named client and substitute care attributes as causal: more children in foster care who are too young to be eligible for Head Start; fewer children in care because of the unavailability of foster homes; an increase in the provision of pre-placement preventive services; and a local "scandal" concerning children in substitute care who were alleged to have received inadequate service.

As to how children in substitute care come to be enrolled in Head Start, it appears that referrals from child welfare caseworkers are the primary mechanism. Only one Coordinator knew of an instance in which a juvenile or family court judge ordered that a child in substitute care be enrolled in Head Start. Respondents in two programs knew of a small number of cases--one in one site and three to four in the other--in which a judge ordered parents to enroll their child in Head Start as a condition for keeping the child at home.

None of the programs has a recruitment strategy focused specifically on children in substitute care, although respondents in three of the four interviews said that in enrolling children in Head Start, priority is given to children in substitute care. In the fourth interview, it was reported that foster children are given priority only if they are special needs children or are being cared for by a single mother.

In answering a question of whether or not changes are needed in Head Start's policy or practice related to recruitment or enrollment of foster children, Coordinators said "Yes" in one interview, "No" in one interview, and "Don't know" in two interviews. The respondent saying "Yes" indicated, "We should have more knowledge of where families at risk and in foster care are [located in the community.] We could work with the agencies [to help these families]." Reasons given for the suggested change were, "It would help maintain enrollment in certain areas. It would increase the integration of services from agencies and provide interaction and linkages between the programs."

Although respondents in two interviews did not know if policy or practices changes are needed, in one of these it was observed that Head Start "may wish to consider giving new guidelines or critera to say that a child in foster care is a priority. This could be put in an ACYF Transmittal Notice and also in the local guidelines. This would work to benefit the children and the program. Any time you put something in writing, people become more aware of it."

3.3.3 Working with Foster Children and Their Families

A number of questions were posed to Head Start Coordinators to gain information on how their programs aid enrollees in substitute care and their families, and on the extent to which foster parents and biological parents of these children participate in the Head Start program. The first several questions concerned how much information Head Start staff have about the cases of enrollees who are in substitute care.

With respect to which categories of staff usually know the names of enrollees who are in care, all respondents said that each child's classroom teacher has this information. Others who are aware of the child's situation vary by site: District Coordinator and District Social Worker in one program; nurses, Social Services Coordinator and Field Representatives, and Parent Involvement Coordinator and Workers in a second; and Health and Handicapped Coordinator, Center Director or Social Services Coordinator (conflicting responses from different respondents), Family Service Worker and each child's classroom aide in the third.

When asked why just these few people are given this information, respondents in two interviews cited confidentiality concerns. "It is a breach of confidentiality to allow those who are not going to provide direct service to have the information." Others said that staff in the positions named were given the information because they are the ones who work directly with the child and family. One respondent also said that the "Social Services Coordinator needs the information for record keeping and to identify the population served."

Are these staff told why the child is in substitute care? Respondents in one program said "No," mentioning the issue of confidentiality and that "We don't always know why ourselves. Even the foster parents may not know." In another program, "As a protective measure for the child, we would not give out that information. However, if there is some problem and a case study is done on the child, then we might find out and factor that into the plan for that child." Coordinators at the third program responded differently to this question. One said that staff who are told that an enrollee is in substitute care also are told the reasons for the placement, while the other said it depends on the situation. "If the child is handicapped, then when there is a team meeting, staff would be told in order to plan for all of the child's needs. If the child's status is abuse or neglect, then the staff would be told in order to work effectively with the child in the classroom."

Respondents in the four interviews split evenly when asked whether or not the staff who know of a child's substitute care status also know the case goal for the child. In two interviews they said "Yes," and in two, "No."

The questions then turned to the matter of services and benefits that foster children and their families receive from Head Start. When asked what features of the program they think are most helpful to children who are in substitute care. Coordinators in three of the four interviews named socialization with other children and Head Start's emphasis on building a child's self-image or self-confidence. Health services are a benefit cited in two interviews. The following features were named in one interview each as being helpful to these children.

- A totally accepting environment.
- The one-on-one interaction with the child.
- Contacts made with the family--home visits, collateral services, and follow-up to help ensure continuity of services provided from one program to another.
- Good meals and the provision of nutrition education to parents, including planning balanced meals and purchasing to get good value.
- The work with the parent on parenting skills and interactions with the child.
- The opportunity to learn developmentally appropriate skills.
- Warm relationships with teachers and other adults.

No special services or activities are provided by two of the three programs to help the biological parents of children in foster care. In the third program, it happens sometimes, such as a case last year in which the biological parent got parenting help to prepare for the child's return home.

Foster parents participate in the same activities as other parents in all three programs. The activities include volunteering in the classroom, going on field trips, fund raising, making supplies and materials, attending parent involvement workshops and training sessions, and participating in cooking, sewing, or G.E.D. classes. In one program where two individual interviews were conducted, both respondents cited foster parents' involvement in the Center Committee and the Policy Council (both governing bodies that must consist of at least 50 percent parents). One particular foster parent became Policy Council Chair.

Among current Head Start enrollees who are in substitute care, 10 of the 13 known foster parents in one program participate in Head Start. This was the most precise information given about the number of foster parents involved in Head Start activities. At the second program, "There is no way to know this." At the third, one individual respondent did not know, and the other estimated that maybe half of the foster parents participate. Reasons given for lack of participation were the presence of younger children at home or the foster parent's unwillingness "to exert herself that much."

In all three programs, Coordinators said that none of the biological parents of current Head Start enrollees known to be in substitute care are participating in Head Start activities. As to why biological parents do not participate, respondents offered the following reasons:

- Biological parents "don't know about [Head Start]."
- They often "have a lot of problems. Getting herself together is a huge task. Just visiting may be an enormous task. Lots are in rehabilitation programs [for substance abuse]."

- "Biological parents have no contact with the foster parents...beyond visiting the child" and, unless the foster parent were to bring them to the center, "the program would not be in contact with them."
- The child welfare agency "may not know where the biological parent is."

A discussion that ensued among the respondents from one program about the participation of the biological parents is reported here because of the issues it raises. One individual felt strongly that biological parents should not be at the same center as the child. Another person countered, "But then they can't participate in the Center Committee, because [Head Start] policy requires that the parent's child attend that center." Even so, "unless supervised from [the child welfare agency]," the first respondent did "not want to be responsible for the activities of the biological parent at the Head Start center." This individual went on to say that "Center parents come together for cluster training or meetings [across centers] and biological parents and foster parents could come into contact. It's not a good idea." This discussion highlights some important staff concerns about involving biological parents in the program.

Although respondents in two of the three programs reported that their programs make efforts specifically to encourage the participation of foster parents or biological parents of foster children in Head Start activities, the focus of these efforts is not limited only to these parents. The types of efforts described are like those undertaken with all parents--the family needs assessment includes an interest survey to help identify ways the parent might be involved, parent meetings and home visits offer staff the opportunity to encourage parents to volunteer, to get into the classroom, and to be elected as officers; and invitations to celebrate the child's birthday with classmates at the center (because "Head Start is an extension of the family"].

Information was sought about the features of the program that could be most helpful to biological parents of foster children. The respondent who was opposed to these parents' participation summed it up by saying "Every feature, but they can get it elsewhere," and then named some other community programs. Coordinators in the other two programs identified these features:

- Parenting workshops, such as Exploring Parenting (a training program developed several years ago under a national Head Start contract) and the development of parenting skills (i.e., role as parent, how the child learns, ways to work with their child);
- Socialization with other adults;
- Building the parent's confidence;
- Health and substance abuse meetings or workshops; and
- Referrals to needed services (e.g., mental health).

When asked what program features are or could be most helpful to foster parents, respondents in one program said basically the same features as for biological parents. Features named by the staff in the other two programs include:

- Help in and respite from caring for several young children;
- Support system provided by the program through meetings and contacts with staff about how to deal with children the parent doesn't really know--"it's hard not to get attached to the child, but Head Start teachers have to avoid getting too involved with their kids, and teachers may be able to help foster parents with this;"
- Mental health component (for problems);
- Knowledge of what other programs and agencies offer--what's available and how to obtain services; and
- Stimulation and a "broader scope outside the household" through workshops and going out into the community.

3.3.4 Working with At-risk Families

The next series of questions focused on program procedures and activities related to children and their families who may be at risk of entering the child welfare system. All the programs have a written policy on reporting suspected child abuse or neglect. The reporting procedures vary somewhat. In one program, the teacher must report directly to the child welfare agency through its "Hotline" number. In another program, the teacher reports to the Center Director, who then informs the Family Service Worker or Social Services Coordinator, who in turn contacts the child welfare agency. In the third program, the teacher informs the nurse and then either the Education Coordinator or principal, one of whom reports to the agency.

Are there child abuse or neglect situations that are not reported? Respondents in two programs said "No," with one person adding that there is "a tendency to overreport." In the third program, the answer was "Probably." The explanation given was as follows: "It has taken a lot of education to get staff to report because they were afraid they'd get sued and they didn't want to accuse the parent who then may take the child out of the program."

Aside from notifying authorities and the designated staff in each program, other steps are taken when a child is suspected of being abused or neglected. If it is a suspected abuse case, at least one program takes the child for a medical evaluation and, if any evidence of abuse is found, that information is referred to the child welfare agency. At a minimum in all programs, the child is watched more closely in the classroom. In one program, notes are made for documentation and, in another, the social worker observes the child and reviews those observations with the teacher.

When appropriate, the social worker, Family Service Worker, or other staff person in each program may visit the home and/or confer with the parent about the situation. Support services will be offered and mental health and social services referrals will be made. Counseling with the parent may occur. One program may "work with the mother about better ways to interact with the child and take on a maternal role with the mother."

Sometimes basic needs are not being met and the program provides or arranges for the necessities. If there is no heat or no water, a referral is made to the appropriate agency. If clothing is needed, the program provides it. If there is no food, the program uses emergency funds and provides food as well as nutrition guidance to the family. "Sometimes parents need very intensive services (for example, someone in the home three days a week)" and staff refer to and work with an appropriate agency for these specialized services.

In addition to these services for the family, each program provides services to the child. In one program, this does not occur until a determination on the reported abuse or neglect is made by the child welfare agency. "If the case is unfounded, the teacher still [will] observe...and be very supportive of the child. If the child manifests atypical behavior, the child [will] be screened or evaluated." In a second program, psychological evaluation and/or treatment, if needed, also is made available. One respondent in this latter program also cited staff efforts to rebuild the child's confidence, self-esteem, and ability to relate to adults.

Coordinators were asked about the nature and frequency of any interactions between Head Start and child welfare staff when the program learns from the agency that a Head Start child is at risk of entering or already in substitute care. In one program, the response was, "We never are informed of this by [the agency]. The only reason we would be contacted is if the child needed special services (i.e., special evaluations or screenings, such as for adjustment problems)." The mode and frequency of these contacts varies by what is being requested and who the caseworker is.

In the other two programs, staff interactions do occur and reasons given for contacts are similar. Information usually is sought from Head Start by the agency, although one respondent reported contacting the agency to find out what is being done in particular cases. Information is exchanged about:

- The child's enrollment;
- Attendance of the child;
- Gains that the child has made;
- Problems observed in the child (e.g., not dressed properly, behavior change); and
- How the family is doing.

Staff in one program usually provide this information when needed via telephone, although updates sometimes are given as often as every two weeks. Infrequently, the caseworker may visit the center to observe the child and talk to the teacher.

In the other program, these types of information usually are requested in Child Protective Services cases. While the agency may make its request by telephone, the program usually provides both oral and written follow-up at an interval worked out between the caseworker and Head Start staff (monthly, every two months, or sometimes even weekly). One case was cited for which there was a joint conference to place a child with a relative so the child could stay in Head Start and also be seen by the parent.

3.3.5 Staff Training, Helpful Child Welfare Actions, and Program Role in Working With the Study Population

The final series of questions began with staff training in working with the children and families under study. All programs reported that, in the past two years, staff had received training about child abuse or children in substitute care. A description of the types of training provided for staff in each program is presented in Table 3-14 on the next page. In all instances but two, grantee or delegate agency staff served as the trainer(s).

It appears that program staff are relatively well trained in child abuse and neglect reporting requirements, observation skills, documentation and, to a lesser extent perhaps, working with the parents. Much of this training is done every year or on a continuing basis. Thus, it is not surprising that Coordinators in two of the three programs do not think that further training is needed by staff to work more effectively with families whose children are in or may enter substitute care.

In the third program where respondents said more training was needed, they suggested a refresher course or overview on what to look for in suspected child abuse/neglect situations; procedures to follow; and sensitivity training "in dealing with parents who have problems. The population is changing so--we have younger parents who have more problems." Teachers and teacher aides should participate because they see the children (and parents) every day.

Staff in two of the three programs have not requested further training in working with families whose children are in or may enter substitute care. At the third program, staff have asked to attend workshops sponsored by local hospitals, professional organizations, or community groups.

TABLE 14

TRAINING RECEIVED BY HEAD START STAFF IN EACH SITE
IN THE PAST TWO YEARS ON CHILD ABUSE OR CHILDREN IN SUBSTITUTE CARE

Trainer	Staff Involved	Topics Covered	Length of Training
Program 1			
Psychiatric Service Specialist	Social Services staff, Social Services community, and parents	Special needs and abused children	1 1/2 hours
Human Growth and Development Specialist	Same as above	Sexual abuse	2 hours
Also periodic workshops for Head Start instructional staff			
Program 2			
Program's Social Worker Section	Program social workers	Mandatory reporting requirements, procedures and policies, how to observe and document	1/2 - 1 day
Child Abuse Specialists	Teachers and all auxiliary staff	Everything!	Series of workshops and seminars
Mental Health Coordinator	Parents and staff	Child abuse, symptoms, what to look for and to do	1 - 2 hours at various centers
Program 3			
Social Services Coordinator	Staff and parents at 3 different cluster training sessions	Legal requirements re child abuse and neglect, roles and responsibilities, stress management, behavior modification	3 hours
Child Welfare Agency Staff	All staff in cluster training sessions (1986)	Child abuse/neglect, what to look for (films, lectures), how/to whom report, how to work with parents	3 hours twice a week for 2 1/2 months
Child Welfare Agency Staff	Orientation in August for all staff	Rules and regulation re child abuse and neglect	1 hour
Program Attorney	Orientation in August for all staff	Children's legal rights	1 1/4 hours

When asked if there is any information or assistance that the child welfare agency could provide that would be helpful to Head Start staff in dealing with Head Start families who are in or may enter substitute care, Coordinators in all three programs answered positively, although one qualified the answer by saying "Yes, if there is going to be an emphasis on this."

This latter respondent described the information needed as: what is expected of Head Start; what are type of programs and services needed by these children and their families, and what are the goals and objectives of the foster care program. Meetings and written materials were named as the best vehicles for conveying this information.

Respondents in a second program identified several types of information or assistance that would be helpful. One is child-specific information that would alert staff if there are particular education services the child needs or a special problem about which staff should be aware. This can be conveyed in a telephone call to the appropriate staff person. The second type of assistance, probably best transmitted in a meeting, is general information on the number of foster children in the community, how to recruit them into the program, and how to work with them. Finally, child welfare staff should make it a regular procedure to call Head Start to find out what Head Start programs are in the community where the child lives and to develop a working relationship with the program's social worker.

In the third program, respondents reported that they "find it very difficult to deal with [the child welfare agency.] If we want concrete information to help families, it's hard to get it. There is no contact person." Their suggested solution is "to set up a meeting [with the agency] to explain what is needed and why, develop appropriate procedures, and have [an agency] contact person to be liaison."

To conclude the interviews, Coordinators were asked what role, in their opinion, the program should play in assisting efforts to keep at home a Head Start child who is at risk of substitute care placement. Their comments are presented below. (Programs 1, 2, and 3 identified below are not the same as Programs 1, 2, and 3 described in the training section.)

Program 1

> "We have a responsibility to work with that parent, if she is a part of our program, to put her in touch with educational, economic and other resources, to avoid putting the child in foster care (if that is the appropriate course of action). We can provide support and give her somebody to talk to."

Program 2

> "Counseling, parent training and techniques, behavior modification, stress management and psychological analysis."
>
> "Trying to help move the parent out of poverty, to be more self-sufficient, to help promote [her] mental stability."

Program 3

> "If there is a severe problem in the family, we must go to [the child welfare agency] to get services, but our relationship with them is poor right now."
>
> "It's very difficult to deal with multi-problem families. We can provide very limited support and counseling until we get a referral set up. We work jointly then with the other program(s)...and have joint staffings to work out how. You must have a strong referral network."
>
> "If we can work with the parents to build up their esteem, the program can do a lot of good. Parents make the center their lifeline...and meet other parents."

The role that the program should play in assisting the families and Head Start children who already are in substitute care is similar, according to all respondents, some of whom amplified their view. A Coordinator from Program 2 who emphasized mental health intervention and parenting techniques for at-risk families said that dealing with the child may require adapting different materials. When working with a biological parent who is an abuser and therefore under "mental stress and the pressure of responsibility...[the program] may have to help them make contact with agencies and learn how to get things done." With the foster parent, we can help them in "how to work with the child, not get too attached [to the child, and] how to spend the money given by the [agency] for care."

Respondents in Program 3 expressed their willingness to work with the child and the foster parent, but felt that the program "can't do a whole lot more with them than we're already doing. [However], we can take more foster children and would welcome them."

These collective comments reflect a positive view toward working with families at risk of entry and already in the child welfare system. This view is tempered by the recognition that these families tend to have problems for which multiple community services are needed. Without a network of referral services, or for some types of parent problems, the program may be limited in what can be provided to the biological parents.

3.4 INTERVIEWS WITH SUBSTITUTE CARE SUPERVISORS

As with the Head Start programs, the designated liaison in each local child welfare agency was told in advance of the study requirement for interviews with up to three foster care supervisors, preferably those who had some familiarity with Head Start. While the identities of respondents were not known prior to the site visit, CSR did specify that the individuals did not need to prepare anything for the interview. Five individual interviews were conducted.

All five child welfare respondents are supervisors of caseworkers who provide services to children in substitute care and their families. At least two of the respondents also supervise pre-placement preventive services for families at risk of substitute care placement. Three of the interviewed supervisors have worked in child welfare for 14 or 15 years, one for 8 years and one for 2 years. Two have held their current positions for 1-1/2 years, one for 2-1/2 years, one for 6 years and one for 3 months.

Four of the five supervisors have had little or no experience with Head Start, based on their responses to questions about four types of potential involvement. Two are aware of having supervised a foster care or protective services case in which the child was in Head Start, two have recommended that a child in or at risk of entering substitute care be enrolled in Head Start, and one has had interactions with Head Start staff on a potential or actual child welfare case. None of the respondents has had any involvement with Head Start such as serving on a Policy Council, training staff, or speaking to parents. One supervisor has had three of the four types of involvement just named, two have had one, and two have had none.

3.4.1 Relationship with Head Start

Supervisors were asked several questions to determine the nature of existing formal or informal relationships between the child welfare agency and local Head Start programs. It appears that either such relationships do not exist or they have not been communicated to these respondents. Four of the five supervisors said they did not know if there is a written agreement between the local or state child welfare agency and Head Start that provides for the programs to work together to serve families, and the fifth said there is no such agreement. Responses to a query about informal or unwritten agreements between child welfare and Head Start followed the same pattern. (By contrast, all Head Start respondents said there were informal or unwritten agreements between the two agencies.)

When asked if they thought that a written agreement between the two programs would be helpful, two supervisors replied "Yes," while the other three said they did not know. The two who gave affirmative responses were asked what they thought should be included in such an agreement. The items they identified for inclusion are descriptions of various aspects of Head Start. They are:

- Purpose of the program;
- Eligibility information (Is there an age requirement? Does the parent need to be employed or in training?); and
- Parent involvement activities (parenting skills, budgeting, background in child development) that can be given to families.

One supervisor who did not know if a written agreement would be helpful felt that interaction between the programs was desirable. "We need better dialog between us--our staff to go there or they come here." Another said that a written agreement should be given much thought because it could be more of an impediment than a help if not thought through. Later in the interview, this respondent said that a formal agreement concerning coordinated pre-placement activities might be useful.

3.4.2 Head Start Involvement with Children in Substitute Care and Their Families

The next set of questions posed to the supervisors elicited information about the potential role for Head Start in assisting child welfare clients. Questions addressed the potential and actual number of Head Start enrollees in the substitute care population, the frequency with which the substitute care program and the juvenile court use Head Start as a resource for children and families, and the potential benefits of Head Start for foster care program clients.

The number of children in substitute care in the units supervised by these respondents was, in ascending order, 63, 68, 200, 243 and 250, for a total of 824. Estimates of the proportion of these children who are of Head Start age (ages 3 and 4 in these jurisdictions) ranged from 10 to 20 percent. In total, it appears that approximately 120 to 160 of the 824 children are age-eligible for Head Start.

Three supervisors did not know how many of the eligible children in their unit actually were enrolled in the program. One said none were enrolled, and that this did not represent a change from the preceding few years. The fifth supervisor said that the number of foster children enrolled in Head Start was very small and that "more are in day care." This respondent said that the proportion of foster children in day care had increased slightly during the preceeding few years. "We are pushing for more kids to be in day care because of the kinds of needs they have. Those from very deprived backgrounds don't know anything about structure or socialization. They're developmentally behind where they should be. Day care helps us to identify problems early."

The latter supervisor reported that unit staff had recommended or required Head Start enrollment for four or five children during the preceding 12 months. The other supervisors said there had been no recommendations or requirements for enrollment during that time. When asked if local juvenile or family court judges ever order that children who are placed in foster care be enrolled in Head Start, all five supervisors said "No."

The supervisor whose unit had recommended or required enrolling some foster children in Head Start reported some interactions between child welfare and Head Start staff concerning specific children. In one pre-placement case, a child welfare worker had enrolled two children in Head Start and had asked Head Start staff to monitor the children's adjustment and observe indicators of the care the mother was providing. When the mother moved into an apartment that the Head Start staff felt was not a good environment, they informed the worker, arranged for a worker-parent visit to take place at the Head Start center rather than at the home, and then assisted the mother in locating a different apartment.

This same supervisor reported that other child welfare-Head Start interactions had occurred with regard to the identification of developmental delays and efforts to help the parent address them; and the initiation of medical and psychological evaluations in preparation for family reunification. These program-to-program interactions had been conducted both by phone and in person. Other supervisors reported no such interactions between child welfare and Head Start staff. (Respondents from two of the three Head Start programs said their staff did interact with child welfare staff. This difference in perceptions may be the result of our interviewing substitute care supervisors, rather than caseworkers who may be more likely to have contact with community service agencies.)

Although use of Head Start as a resource for children in substitute care is not common in the experience of these respondents, four of the five supervisors identified features of Head Start they thought could be helpful to these children. The beneficial features and the number of supervisors naming them are:

- Socialization with other children (3);
- Extra stimulation (2);
- Educative aspects; preparation for an academic environment (2);
- A structured environment (1);
- Supervised parent-child interaction (1);
- Exposure to new things (1); and
- Help dealing with why the child was removed from the home and understanding that it is not the child's fault (1).

One supervisor also identified potential benefits for parents, saying that the program could help them improve their parenting skills.

When asked, four supervisors said that there are particular types of substitute care cases for which the child's participation in Head Start might be desirable. Two of the four said that this includes cases in which the child experiences social, intellectual or emotional deprivation or comes from a home that lacks stimulation. Identified by one respondent each were cases or situations involving:

- Problems in lack of supervision or the need for safe supervision;
- The need for care while parents are in treatment or need to work;
- Parents who are under a lot of stress or have a lot of children, in which case Head Start would provide the parent with another outlet;

- A child who has a problem relating in the home, so that the family may benefit from having the child in preschool; and
- Chronic neglect or physical or sexual abuse, because parents lack understanding about age-appropriate activities and needs of their children, there is a lot of stress on the parents' part and parents often have low self-esteem.

Three respondents believe that foster parents' participation in Head Start has some value for the foster parents or the child. Benefits named by one respondent each are:

- Respite for the caregiver;
- Information to enhance the child's development and provide support at home;
- Help maintaining a child who is acting out or having behavior problems in the foster home, thus avoiding multiple placements because the foster parent can't or doesn't want to deal with the situation;
- Individual attention for a child placed with several other foster children who has needs the foster parent cannot meet; and
- An objective assessment from Head Start staff about what the child needs to get ready for school and what the foster parent can expect when the child is enrolled in school.

The supervisors were asked what role, if any, Head Start can play in efforts to reunify a family with a child in foster care. Four of the five named training in parenting skills as a contribution Head Start could make. Said one, "Parenting skills is a constant need of families in child welfare. Because the child is in Head Start, the program could make parenting skills training and education tailored to the child and could observe parent-child interactions [first-hand]." Another thought that "Especially for kids who come in for abuse, [Head Start could] talk to parents about discipline and effective parenting."

Respondents identified other possible roles for Head Start in helping reunify families. Two said that Head Start could help parents to help their children academically, encouraging them to take a "more active role in the child's learning" or "letting Mom know where her child is in the school setting and what academically to expect." Two other respondents said Head Start could play a role in counseling parents and in increasing parents' self-perception and confidence. Another supervisor said Head Start "can be a program working with others in the community to ameliorate the conditions that brought the child into foster care."

Although one supervisor reported that Head Start enrollment has been recommended or required for a few children in foster care, biological parents' participation in Head Start has not been recommended or required. In discussing the reasons for this, the supervisor said, "We've never really thought about it. We encourage parents to do so in school so they can be active participants in their child's education process. We do this for intact families and will actually put it in the service plan, so it's [surprising] that we don't [do the same for preschoolers]."

3.4.3 At-risk Families and Head Start

The interviews with the foster care supervisors touched briefly on potential roles for Head Start in efforts to keep at home a child who is at risk of substitute care placement. Two respondents said that a helpful role for Head Start would include providing day care. "Eliminate stress and provide day care for parents whose sole problem relates to proper supervision of the child." "Day care is a kind of teaching experience for both the child and the parent. Social workers talk to parents, even encourage volunteering in the classroom. They also have cultural activities [e.g., field trips] to get them out of the home and relief from taking care of kids."

Four other suggestions were made about Head Start's potential role as a preventive service. One supervisor each said that Head Start could play a role in preventing foster care placement by helping parents learn parenting skills, by providing counseling and information on budgeting and on age-appropriate developmental activities, by being included as part of the treatment plan, and by being a supplement to assistance offered by the Protective Services unit.

3.4.4 Head Start Actions That Could Assist Child Welfare Staff

To conclude the interview, supervisors were asked what information or assistance Head Start could provide that would be helpful to child welfare staff in dealing with Head Start families and children who are in or may enter substitute care. They also were asked to identify the best means of providing this information or assistance.

Three supervisors said the child welfare agency needs more information about Head Start--for instance, what the program does, where Head Start centers are located, and how it is funded. Both written and oral communication were suggested, including having Head Start staff visit the child welfare agency or having a meeting of the staffs of the two programs.

One respondent identified a need for more outreach by Head Start to make parents aware of it as a resource. Flyers were suggested as a communication mechanism.

Another supervisor noted that Head Start has "much more intimate contact with the family that we would have." Therefore, Head Start staff could provide input to child welfare staff through conversations "talking over the data." This respondent also noted that, "We have a problem regarding post-placement supervision. I can see that [Head Start] may be seeing the child daily. I see this as very constructive [in that the child will not be forgotten]."

A final suggestion about ways Head Start can assist child welfare staff was by "monitoring information on the child and family," recognizing that a child will tell things to a trusted adult, such as a teacher, that she will not tell to a caseworker. This supervisor indicated that "in-person meetings [such as team staffings] would be very desirable."

3.5 CASE STUDY

The study design called for the preparation of two different types of case studies if data in the case records were available. One type was for children with concurrent Head Start and substitute care experiences whose records showed interagency collaboration on the provision of services to the family. The other type focused on Head Start children later entering substitute care whose case records showed some awareness and/or action by Head Start to help the family receive assistance for the problems that later led to the child's placement. Information available in the records was sufficiently detailed to prepare only one case study of the latter type. It is presented in five sections: family history; events that led to the child's placement; permanency goal and plan outcome; and role of Head Start.

Family History

The sampled child is a 6-year-old girl with two sisters and three brothers ranging in age from 4 to 12 years. She spent one year in Head Start, as did a sister, and is now in elementary school. Her mother is 29. All the children are by the same man, whom the mother married 10 years ago after three of the children were born. By her own description, the mother "got good grades" but dropped out of school in the twelfth grade because she was pregnant.

The father seldom worked and was physically abusive of the mother. The last altercation (almost four years ago) resulted in her spending two weeks in the hospital, after which the couple separated.

The mother has been unemployed for some time and is supported by AFDC. She has been a factory worker and a food service worker. She quit the first job because of sexual harassment and was laid off the second job. Lack of proper child care resulted in her not looking for another job. She presently attends a community college to obtain her G.E.D.

Shortly after the couple separated, the mother met a man almost 20 years her senior. A relationship between the two developed because, in his words, "she needed me," and he moved in with the mother. He is employed full-time as a machinery operator and has been with the same company for over 10 years. He has 10 children by three wives; none of the children lives with him. This man lives with the mother and her six children in an apartment.

Events that Led to Child's Placement

One day in 1986 an elementary school staff person called the child welfare agency to report suspected sexual abuse of the sampled child. (There had been a previous "unfounded" report 11 months earlier by the child's Head Start teacher--see later discussion). That same day at a nearby hospital, a medical examination was made of the child and her two sisters. The examination supported sexual penetration of the two sisters, and credible information was given by all three girls of sexual molestation. The three girls were removed from the home that day. The three boys remained with the mother because they were seen as not at risk. At this time, although the information from the girls was contradictory, the mother's live-in boyfriend was the suspected perpetrator.

Permanency Goal and Plan

The initial permanency goal was reunification with the mother. According to the written case plan, the mother was required to undergo a psychological evaluation and, if recommended, receive individual therapy; improve her housing; participate in classes to improve her parenting skills; and visit the children.

The sampled child also was to receive mental health services (psychological evaluation and individual therapy). In addition, physical health services, speech therapy, and regular school attendance were required. According to the record, the child is not handicapped. At the time of placement, she was 5 years old, while her sisters were ages 9 and 4. Her placement history is summarized below by type of foster care setting in which she was placed, time spent in each, and siblings sharing the placement.

Time Spent in Setting	Type of Foster Care Setting	Siblings Sharing Placement
1 month	Emergency shelter care	2 sisters
4 months, 1 week	Specialized foster home	2 sisters
2 months, 1 week	Regular foster home	2 sisters
2 weeks	Regular foster home	1 sister
1 month	Relative foster home	2 sisters

The children were removed from the specialized foster home because of another allegation of sexual abuse--apparently involving the natural father, who had been allowed to visit the children in the foster home. This event, as well as other information obtained through therapy with the child and her siblings, led to the realization that the abuser was the natural father and not the live-in boyfriend.

Although the male partner had moved out of the mother's apartment at the request of the child welfare agency, he was still interested in maintaining the relationship with the mother. He consented to a psychological evaluation and to helping the mother regain custody of her daughters.

Outcome

Nine months following out-of-home placement, the sampled child and her siblings were reunited with their mother, who had complied with all case plan requirements. The sampled child had received all needed services, with the exception of speech therapy, about which the record was not clear. The child welfare agency provides aftercare supervision.

Role of Head Start

The first allegation of sexual abuse occurred about one year prior to the incident that led to the sampled child's placement. The child's Head Start teacher reported suspected abuse to the child welfare agency. This allegation could not be substantiated and therefore was classified as "unfounded."

A year later, the kindergarten teacher noticed that the child was "walking stiff" and mentioned it to the Head Start teacher. Because the Head Start teacher was familiar with the child and her sisters, and knew of the previous incident, she informed the school social worker. This professional questioned the three girls and found out that they had been sexually abused. The worker immediately called the child welfare agency and placement occurred that same day after medical examinations confirmed sexual abuse. All three school staff were alert and responsive, but without the Head Start teacher's knowledge and intervention, the investigation might not have been taken as far as it was, nor subsequent services and supervision provided to correct the problem.

3.6 RECOMMENDATIONS

The data from our study show that from less than one-half of one percent to one percent of the Head Start enrollees have concurrent substitute care experience. Furthermore, the incidence of children entering care while enrolled in the program is 0.2 percent or less. Given these low figures, ways to promote Head Start's role in working with families at risk of or already in substitute care must be cost-effective and carefully focused.

The Head Start programs in our study have no strategy for recruiting children in substitute care, although they do have priority categories for enrolling them. If ACYF intends to emphasize or increase awareness of this population among the Head Start community, then written instructions from the national office to the field would be appropriate.

One of the most striking observations in conducting interviews with substitute care supervisors was their lack of awareness of Head Start. Surely an effort to educate child welfare staff through formal and informal approaches (meetings, flyers, etc.) can be developed or improved. There apparently are contacts between individual caseworkers and Head Start staff. However, to reach more child welfare staff effectively, it would seem that supervisors and administrators need to know what Head Start has to offer and who is eligible to participate in the program. Efforts to establish on-going relationships with agency decisionmakers and to inform and educate child welfare staff can be made more systematic. If national and regional office Head Start administrators choose to promote this, it would have greater visibility and importance to the field.

The Head Start Training and Technical Assistance (T/TA) Resource Centers provide a ready network for collecting and disseminating information related to training staff to work with the population under study. Through each Center, requests could be made for effective training programs, materials, or approaches developed by local programs. After screening by the Center and/or the national office, the most versatile and well-developed "packages" could be distributed to all programs in the region and training sessions could be offered at local, state, or regional meetings.

Any materials developed and/or disseminated should provide for local differences in population and socioeconomic conditions. Our sample was a highly urban, predominantly black population. Nationally, the majority of children in substitute care are white,* and many families in the child welfare system, of course, come from less urbanized communities than those represented by our study sites.

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*According to VCIS data, 59.8 percent of those who entered care during Fiscal Year 1984 were white (non-Hispanic) children.

APPENDIX

DATA COLLECTION FORMS

Head Start Children in Foster Care
Case Record Review Form

FACE SHEET

Child Name: ______________________________

Child ID Number: ________

Site: ______________________________

Reviewer: ______________________________

Date: ______________

[ANSWER THE FOLLOWING ITEMS AFTER YOU HAVE REVIEWED THE CASE RECORD]

Case Status:

1 Open Case (When Q. E6 = code 1)
2 Closed Case (When Q. E6 = code 2 or 3)

Type of Case (See Q. H1):

1 Child with concurrent Head Start and foster care experience
2 Child whose foster care experience follows Head Start

Case Study Information Form Completed for this Child (See Q. H4):

0 No
1 Yes

NOTE TO REVIEWER: INSTRUCTIONS FOR THE REVIEWER APPEAR IN CAPITAL LETTERS AND ARE ENCLOSED IN BRACKETS. SOMETIMES THE INSTRUCTIONS SPECIFICALLY SAY THAT MULTIPLE CODE NUMBERS UNDER AN ITEM MAY BE CIRCLED; OTHERWISE YOU WILL ALWAYS CIRCLE ONLY ONE CODE NUMBER. FOR ALL ITEMS REQUESTING DATES, ENTER LEADING ZEROES WHERE NECESSARY.

Head Start Children in Foster Care

CASE RECORD REVIEW FORM

A. IDENTIFYING INFORMATION

A1. Child ID number:

[1-4] ____

A2. Site number [CIRCLE ONE]:

1 Chicago
[5] 2 Miami
3 Philadelphia

A3. Date of review [USE LEADING ZEROS IF NECESSARY]:

[6-11] ____/____ /____
month day year

A4. Reviewer ID number:

1 Barrett
[12] 2 Plantz
3 Tate
4 Clem
5 Leyden

B. HEAD START DATA [RECORD INFORMATION FROM CSR SAMPLING SHEETS]

B1. Child's Social Security Number in foster care records same as Social Security Number from Head Start [DO NOT RECORD NUMBER]:

0 No
[13] 1 Yes
2 Number not provided by Head Start
3 Number not found in foster care records

B2a. Year(s) enrolled in Head Start [INDICATE WHETHER OR NOT ENROLLED IN EACH TARGET YEAR]:

B2b. Dates enrolled [FOR EACH PROGRAM YEAR CIRCLED "1" FOR "YES" IN Q. B2a, ENTER DATES STARTED AND LEFT PROGRAM. ENTER "99" FOR ANY PART OF DATE THAT IS UNKNOWN]:

	B2a. Enrolled in:	Yes	No		B2b. Dates enrolled		
[14-26]	1982-83	1	0	from	_____/_____/_____	to	_____/_____/_____
[27-39]	1983-84	1	0	from	_____/_____/_____	to	_____/_____/_____
[40-52]	1984-85	1	0	from	_____/_____/_____	to	_____/_____/_____
[53-65]	1985-86	1	0	from	_____/_____/_____	to	_____/_____/_____
[66-78]	1986-87	1	0	from	_____/_____/_____	to	_____/_____/_____

[79] Blank
[80] Card 1

B3. Enrolled in home-based or center-based component:

1 Home-based only
2 Center-based only
[1] 3 Enrolled in both; home-based is more recent
4 Enrolled in both; center-based is more recent
9 Unable to determine

B4. Enrolled on part-day or full-day basis:

1 Part-day only
2 Full-day only
[2] 3 Both; part-day is more recent
4 Both; full-day is more recent
9 Unable to determine

B5. Enrolled in program operated by grantee or delegate agency:

1 Grantee
2 Delegate agency 1
[3] 3 Delegate agency 2
4 Delegate agency 3
5 Other delegate agency not sampled
9 Unable to determine

B6. Type of agency operating program:

1 Community Action Agency
2 School System (Public/Private)
[4] 3 Private/Public Non-Profit (non-CAA, e.g., churches, universities)
4 Government Agency (non-CAA)
5 Indian Tribe
9 Unable to determine

C. CHILD CHARACTERISTICS

C1. Gender:

1 Male
[5] 2 Female
9 Unable to determine

C2. Race/Ethnicity:

01 White, not Hispanic
02 Black, not Hispanic
03 Hispanic
[6-7] 04 Asian/Pacific Islander
05 Native American
06 Bi-racial Black-White
07 Other [SPECIFY] ________________________________
99 Unable to determine

C3. Date of birth:

[8-13] _____ / _____ / _____
month / day / year

C4. Type of handicap(s) [INDICATE WHETHER OR NOT EACH TYPE OF HANDICAPPING CONDITION IS PRESENT]:

	Yes	No	
[14]	1	0	Physically impaired
[15]	1	0	Mentally retarded
[16]	1	0	Learning disabled
[17]	1	0	Emotionally disturbed
[18]	1	0	Other [SPECIFY] ____________________
[19]	9		Unable to determine

C5. Grade in school [FOR OPEN CASES, RECORD CURRENT GRADE; FOR CLOSED CASES, RECORD SCHOOL GRADE AT THE TIME CHILD LEFT FOSTER CARE]:

1 Preschool
2 Kindergarten
3 1st Grade
4 2nd Grade
[20] 5 3rd Grade
6 4th Grade
7 Ungraded, special education classroom
8 Not enrolled in preschool, kindergarten or grade school
9 Unable to determine

C6. Number of siblings:

[21] ________

9 Unable to determine

C7. Number of siblings who have been or are in Head Start:

[22] ________

9 Unable to determine

D. PARENT CHARACTERISTICS [RECORD INFORMATION FOR PERSON WHO WAS CHILD'S PRIMARY CAREGIVER JUST PRIOR TO CHILD'S ENTERING FOSTER CARE. IF THERE WERE TWO CAREGIVERS, RECORD INFORMATION FOR MOTHER OR SURROGATE MOTHER.]

D1. Relationship of primary caregiver to child:

1 Biological or adoptive mother
2 Biological or adoptive father
3 Grandmother
4 Aunt 23]
5 Stepmother
6 Other relative [SPECIFY] ______________________________
7 Other [SPECIFY] ______________________________
9 Unable to determine

D2. Primary caregiver's date of birth:

_____/_____/_____ 24-29]
month day year

999999 Unable to determine

D3. Primary caregiver's race/ethnicity:

01 White, not Hispanic
02 Black, not Hispanic
03 Hispanic
04 Asian/Pacific Islander 30-31]
05 Native American
06 Bi-racial Black-White
07 Other [SPECIFY] ____________________
99 Unable to determine

D4. Highest grade or year completed in school [CIRCLE ONE; DO NOT COUNT TECHNICAL OR BUSINESS SCHOOL]:

01 02 03 04 05 06 07 08 09 10 11 12
13 14 15 16+ 32-33]

99 Unable to determine

D5. Marital status when child entered foster care:

1 Married to biological parent of child
2 Married to person not a biological parent of child
3 Widowed
[34] 4 Divorced
5 Separated
6 Never married
9 Unable to determine

D6. Living arrangement when child entered foster care:

[35] a. Number of children under 18. [INCLUDE FOCAL CHILD.] __________

[36] b. Number of other adults. [EXCLUDE PRIMARY CAREGIVER; IF THERE ARE NO OTHER ADULTS, ENTER "0" AND SKIP TO Q. D7.] __________

c. Relationship of other adults to primary caregiver. [ENTER NUMBER OF ADULTS IN EACH CATEGORY; IF NONE, ENTER "0".]

[37] _____ Spouse
[38] _____ Parent
[39] _____ Grandparent
[40] _____ Sibling
[41] _____ Other relative [SPECIFY] ____________________________________
[42] _____ Opposite-sex non-marital partner
[43] _____ Other nonrelative [SPECIFY] ________________________________
[44] _____ Unable to determine

[TOTAL SHOULD EQUAL NUMBER GIVEN FOR Q. D6b.]

D7. Receiving AFDC (or ADC) when child entered foster care:

0 No
[45] 1 Yes
9 Unable to determine

D8. Receiving AFDC (or ADC) when child left foster care or at the present time:

0 No
[46] 1 Yes
9 Unable to determine

D9. Employment status when child left foster care or at the present time:

1 Not employed
2 Employed part-time (less than 30 hours per week)
[47] 3 Employed full-time (30 or more hours per week)
4 Employed, cannot determine Ft-Pt
9 Unable to determine

E. CHILD CASE HISTORY

E1. Date family was first known to this or any other child welfare agency [IF FAMILY WAS REPORTED TO AGENCY OR RECEIVED PREPLACEMENT PREVENTION SERVICES, OR CHILD WAS UNDER AGENCY SUPERVISION WHILE AT HOME, OR CHILD HAD PRIOR FOSTER CARE EXPERIENCE AND WAS DISCHARGED, ENTER EARLIEST DATE KNOWN TO ANY CHILD WELFARE AGENCY]:

[48-53] _____ / _____ / _____
month day year

999999 Unable to determine

E2. Date child entered foster care in this agency [IF CHILD SPENT AN EARLIER PERIOD OF TIME IN FOSTER CARE, WAS DISCHARGED, THEN RE-ENTERED CARE, USE DATE OF MOST RECENT ENTRY INTO CARE]:

[54-59] _____ / _____ / _____
month day year

999999 Unable to determine

E3. Primary or most serious reason child was placed in foster care:

01 Neglect

02 Physical abuse

03 Sexual abuse

04 Abandonment, unwillingness to care for child, relinquishment of parental rights

05 Parent/caretaker substance abuse problem

[60-61] 06 Parent/caretaker financial hardship, lack of housing

07 Other parent/caretaker problem (physical, mental or emotional illness, death, incarceration)

08 Child behavior problem (unruly, truant, runaway, delinquent)

09 Child physical, mental or emotional disability or handicap

10 Other [SPECIFY] ________________________________

99 Unable to determine

E4. Final or current foster care setting [CIRCLE ONE CODE NUMBER]:

1 Foster home

2 Non-finalized adoptive home [CIRCLE "2" IN Q. E6]

3 Group home, shelter, half-way house (provides non-specialized care for up to 20 persons)

[62] 4 Child care institution, custodial care facility (provides non-specialized care for 21 or more persons)

5 Residential treatment facility (provides therapeutic or other specialized care)

6 Secure facility (e.g., detention center, secure hospital)

7 Other [SPECIFY] ________________________________

9 Unable to determine

E5. [IF APPLICABLE] Foster care setting(s) during year(s) child was enrolled in Head Start (Q.B2a) [INDICATE WHETHER OR NOT CHILD WAS IN EACH SETTING DURING YEAR(S) ENROLLED IN HEAD START; IF NOT APPLICABLE, LEAVE Q. E5 BLANK]:

	Yes	No	
[63]	1	0	Foster home
[64]	1	0	Non-finalized adoptive home
[65]	1	0	Group home, shelter, half-way house (provides non-specialized care for up to 20 persons)
[66]	1	0	Child care institution, custodial care facility (provides non-specialized care for 21 or more persons)
[67]	1	0	Residential treatment facility (provides therapeutic or other specialized care)
[68]	1	0	Secure facility (e.g., detention center, secure hospital)
[69]	1	0	Other [SPECIFY] ______________________________
[70]	9		Unable to determine

E6. Current case status:

1 Child still in substitute care [SKIP TO SECTION F]

[71] 2 Child no longer in substitute care, but still receiving aftercare services or supervision; or child placed with intended adoptive parents

3 Case closed, no services or supervision being provided

E7. Date child left substitute care (in adoption cases, date child was placed with intended adoptive parents or foster parents decided to adopt):

[72-77] _____ / _____ / _____
month day year

999999 Unable to determine

[78-79] Blank
[80] Card 2

E8. Reason child left foster care:

1 Reunified with parent or other previous caretaker

2 Placed with relative not the previous caretaker

3 Adopted

[1] 4 Ran away

5 Discharged to other program

6 Died

7 Other [SPECIFY] ______________________________

9 Unable to determine

F. PLACEMENT GOALS AND PERMANENCY PLAN

F1. Initial permanency goal:

1 Reunification with primary caregiver identified in Section D
2 Reunification with other adult in same household
3 Placement with relative not the previous caregiver
4 Adoption
[2] 5 Independent living upon reaching age of majority or emancipation
6 Long-term foster care
7 Other [SPECIFY] ______________________________
8 Goal has not been established
9 Unable to determine if, or what, goal has been established

F2. Final or current permanency goal:

1 Reunification with primary caregiver identified in Section D
2 Reunification with other adult in same household
3 Placement with relative not the previous caregiver
4 Adoption
[3] 5 Independent living upon reaching age of majority or emancipation
6 Long-term foster care
7 Other [SPECIFY] ______________________________
8 Goal has not been established
9 Unable to determine if, or what, goal has been established

F3. Written case plan or service agreement:

0 No
[4] 1 Yes
9 Unable to determine

F4a. Services or assistance needed by person initially intended to be child's permanent caregiver to effect goal [CIRCLE "1" IN FIRST COLUMN IF ITEM IS EITHER REQUIRED OR NOTED AS DESIRABLE; OTHERWISE CIRCLE "0"]:

F4b. Services or assistance obtained or received [FOR ITEMS ANSWERED "0" IN Q. F4a., CIRCLE "8" IN Q. F4b.; OTHERWISE, INDICATE WHETHER OR NOT ITEM HAS BEEN OBTAINED OR RECEIVED]:

		F4a. Required/ Noted as Desirable		F4b. Obtained/Received			
	Caregiver Services	Yes	No	Yes	No	NA	Unable to Determine
[5-6]	Mental health services	1	0	1	0	8	9
[7-8]	Substance abuse services	1	0	1	0	8	9
[9-10]	Job training/employment	1	0	1	0	8	9
[11-12]	Money management	1	0	1	0	8	9
[13-14]	Household management/homemaking skill	1	0	1	0	8	9
[15-16]	Housing	1	0	1	0	8	9
[17-18]	Child care	1	0	1	0	8	9
[19-20]	Parenting skills	1	0	1	0	8	9
[21-22]	Physical health services	1	0	1	0	8	9
[23-24]	Family therapy/family counseling	1	0	1	0	8	9
[25-26]	Basic education classes	1	0	1	0	8	9
[27-28]	Medicaid	1	0	1	0	8	9
[29-30]	Food stamps	1	0	1	0	8	9
[31-32]	AFDC	1	0	1	0	8	9
[33-34]	WIC	1	0	1	0	8	9
	Other public assistance [SPECIFY]						
[35-36]	______________________	1	0	1	0	8	9
[37-38]	Transportation	1	0	1	0	8	9
[39-40]	Other [SPECIFY] ______________	1	0	1	0	8	9
[41-42]	Nothing required	1	0	1	0	8	9
[43-44]	Unable to determine services or assistance needed	99					

F5a. Services or assistance needed by child to effect goal [CIRCLE "1" IN FIRST COLUMN IF ITEM IS EITHER REQUIRED OR NOTED AS DESIRABLE; OTHERWISE CIRCLE "0"]:

F5b. Services or assistance obtained or received by child [FOR ITEMS ANSWERED "0" IN Q. F5a., CIRCLE "8" IN Q. F5b.; OTHERWISE, INDICATE WHETHER OR NOT ITEM HAS BEEN OBTAINED OR RECEIVED]:

		F5a. Required/ Noted as Desirable		F5b. Obtained/Received			
	Child Services	Yes	No	Yes	No	NA	Unable to Determine
[45-46]	Mental health services	1	0	1	0	8	9
[47-48]	Substance abuse services	1	0	1	0	8	9
[49-50]	Physical health services	1	0	1	0	8	9
[51-52]	Family therapy/family counseling	1	0	1	0	8	9
[53-54]	Preschool	1	0	1	0	8	9
[55-56]	Transportation	1	0	1	0	8	9
[57-58]	Other [SPECIFY] ________________	1	0	1	0	8	9
[59-60]	Nothing required	1	0	1	0	8	9
[61-62]	Unable to determine services or assistance needed	99					

G. REFERENCES TO HEAD START IN CASE RECORD

G1. Child's enrollment in Head Start noted in case record:

[63]
0 No
1 Yes
8 Other [EXPLAIN BELOW]

[64-65]

G2. Parent involvement with Head Start noted in case record:

0 No
1 Yes, involvement of biological parent noted [EXPLAIN BELOW]
[66] 2 Yes, involvement of foster parent noted [EXPLAIN BELOW]
3 Yes, involvement of both biological and foster parent noted [EXPLAIN BELOW]

[67-68]

G3. Head Start was enlisted by the child welfare agency to help achieve the case plan goal:

0 No
[69] 1 Yes [DESCRIBE BELOW WHAT WAS EXPECTED OF HEAD START]
9 Unable to determine

[70-71]

G4. Contact between child welfare and Head Start staff noted in case record:

0 No [SKIP TO Q. G8]
[72] 1 Yes [DESCRIBE BELOW THE PURPOSE OR REASON FOR CONTACT]

[73-74]

G5. Staff involved in child welfare/Head Start contact:

	Yes	No	
[75]	1	0	Child welfare caseworker
[76]	1	0	Child welfare supervisor
[77]	1	0	Other child welfare staff [SPECIFY] ____________________
[78]	1	0	Head Start Social Services Coordinator
[79]	1	0	Child's Head Start classroom teacher
[80] Card 3			
[1]	1	0	Head Start Director
[2]	1	0	Other Head Start staff [SPECIFY] ____________________
[3]	9		Unable to determine

G6. Type of child welfare/Head Start contact [CIRCLE ALL THAT APPLY]:

	Yes	No	
[4]	1	0	Letter(s)
[5]	1	0	Phone call(s)
[6]	1	0	In-person meeting(s)
[7]	1	0	Other [SPECIFY] ____________________
[8]	9		Unable to determine

G7. Number of contacts noted:

[9-10] ________

99 Unable to determine

G8. Any other mention of Head Start in case record:

0 No

[11] 1 Yes [EXPLAIN BELOW]

8 Other [EXPLAIN BELOW]

[12-13]

H. CRITERIA FOR SELECTING CASE STUDIES

H1. Type of case:

[14]
1 Child with concurrent Head Start and foster care experience [GO TO Q.H2]
2 Child whose foster care experience follows Head Start [Skip to Q.H3]

H2. Case meets the following criteria:

	Yes	No	
[15]	1	0	Child in Head Start during most recent foster care episode
[16]	1	0	Child in foster care at least six months
[17]	1	0	Head Start/foster care collaboration on provision of services to family

[IF ANSWERED "YES" FOR ALL THREE CRITERIA, GO TO Q. H4; IF ANSWERED "NO" FOR ANY CRITERION, THIS CONCLUDES YOUR REVIEW.]

H3. Case record shows some awareness and/or action by Head Start to help the family receive assistance for the problems that later led to the child's placement in foster care:

[18]
0 No [END OF REVIEW]
1 Yes

H4. Case Study Information Form will be completed on this child:

[19]
0 No [EXPLAIN BELOW]
1 Yes

SUPPLEMENTAL CODING CATEGORIES/QUESTIONS

C4. Type of handicap

	Yes	No	
[20]	1	0	Speech impairment
[21]	1	0	Developmental delay
[22] Blank			

E5. Foster care setting while child in Head Start

	Yes	No	
[23]	1	0	Relative placement

F4a/b. Services needed/received by permanent caregiver

		F4a. Required/ needed by permanent caregiver		F4b. Obtained/received by permanent caregiver			
	Caregiver Services	Yes	No	Yes	No	NA	UTD
[24-25]	Ensuring child obtains needed services/schooling	1	0	1	0	8	9
[26-27]	Visiting with child	1	0	1	0	8	9
[28-29]	Legal services	1	0	1	0	8	9
[30-31]	Furniture/appliances	1	0	1	0	8	9
[32-33]	Parent support group	1	0	1	0	8	9

[34-37] Blank

F5a/b. Services needed/received by child

	Child Services	F5a. Required/ needed by child Yes	F5a. No	F5b. Obtained/ received by child Yes	F5b. No	F5b. NA	F5b. UTD
[38-39]	Speech therapy	1	0	1	0	8	9
[40-41]	Special residential treatment	1	0	1	0	8	9
[42-43]	Regular school attendance/ educational services	1	0	1	0	8	9
[44-45]	Special education program	1	0	1	0	8	9
[46-47]	Therapeutic child program (e.g., play therapy, day treatment, infant stimulation)	1	0	1	0	8	9
[48-49]	Legal services	1	0	1	0	8	9

[50-53] Blank

G5. Other child welfare/Head Start staff [SPECIFY]

	Yes	No	
[54]	1	0	Third-party provider contracted by CW agency

[55-58] Blank

I1. Prior episode(s) of foster care:

0 No [SKIP TO I3]

[59] 1 Yes [SPECIFY DATES BELOW]

a. Date entered: ______________ Date left: ______________

b. Date entered: ______________ Date left: ______________

c. Date entered: ______________ Date left: ______________

[60-62] I2. Code(s) for prior episode(s) of care: ____ ____ ____

[63] I3. Code for most recent episode of care: ____ ____ ____

Codes for I2-I3: Episodes of foster care in relation to Head Start experience

1 Occurred before Head Start

2 Occurred during Head Start

3 Occurred following Head Start

4 Codes 1 and 2 above

5 Codes 2 and 3 above

6 Codes 1, 2, and 3 above

7 Other (SPECIFY) ______________________________

8 Not applicable (no 2nd or 3rd episodes of care)

9 Unable to determine

[64-79] Blank

[80] Card 4

Head Start Children in Foster Care
Case Study Information Form

FACE SHEET

Child Name: ____________________

Child ID Number: ________

Site: ____________________

Reviewer: ____________________

Date: ____________

Case Status:

1 Open Case

2 Closed Case

Type of Case Study:

1 Child with concurrent Head Start and foster care experience and in foster care at least six months

2 Child whose foster care experience follows Head Start

Head Start Children in Foster Care

CASE STUDY INFORMATION FORM

1. What was the child's living situation prior to foster care?

   a. Head(s) of household and housing type (e.g., parents' house, grandmother's apartment).

   b. Household membership. [DO NOT USE NAMES.]

Relationship to Child	Gender	Approx. Age

   c. Employment status of adults.

Relationship to Child	Employed full-time? Employed part-time? Out of work/unemployed? Does not work/retired/homemaker/etc.?	Type of Employment

2. What actions or events led to the child's being placed in foster care?

3. Were the child's siblings, if any, also placed in foster care? [IF NOT, EXPLAIN.]

4. What has been (were) the type (foster home, group home, residential treatment facility, etc.) and duration of each foster care living arrangement provided for the child? Which siblings (by gender and age) have been (were) with the child in each placement?

Dates (from/to)	Type of Arrangement	Sibs Sharing Placement

5. [FOR CHILDREN WHO ARE (WERE) IN FOSTER CARE AND HEAD START AT THE SAME TIME] Describe how Head Start and the foster care program have worked together on this case. For example:

   - o who contacted whom?
   - o what insights did each program give the other into the child's needs or the family's situation?
   - o what agreements were reached about the role Head Start could play in assisting the family?
   - o which Head Start staff have taken what actions with what results?

6. [FOR CHILDREN WHO ENTERED FOSTER CARE FOLLOWING THEIR HEAD START EXPERIENCE] Based on information contained in the foster care case record, indicate what role Head Start played in helping the family receive assistance for the problems that later led to the child's placement in foster care. For example,

- o was Head Start aware that the family was having problems?
- o did Head Start staff do anything directed toward resolving those problems, such as referring the family for preplacement prevention or other services?

7. Given the family's situation and the types of services or other needs identified, are (were) there other ways that Head Start might have served as a resource in this case? [IF YES, EXPLAIN.]

8. What has been (was) the general progress of the case?

A STUDY OF THE INCIDENCE OF HEAD START CHILDREN PLACED IN FOSTER CARE

HEAD START SOCIAL SERVICES COORDINATOR

Agency Name ______________________________

and Address: ______________________________

____

____

Respondent Name: ______________________________

Title: ______________________________

Telephone Number: ______________________________

Address (if different from above): ______________________________

____

Referred by: ______________________________

CONTACT RECORD

CONTACT NUMBER	DATE	TIME	OUTCOME	BY
1				
2				
3				
4				
5				
6				
7				
8				

INTERVIEW Date: ____________ Interviewer: ____________

Place: ____________ Time: ____________

INTRODUCTORY STATEMENT

CSR, Incorporated is a private research firm with offices in Washington, D.C. and Chicago. We are conducting a study for the Administration for Children, Youth and Families in the U.S. Department of Health and Human Services. The purpose of the study is to obtain information about children in Head Start who enter foster care and the role that Head Start plays or could play in strengthening the family to prevent the separation of the child from the family.

The study is being conducted in three large metropolitan areas in the U.S. including ____(city)____. ____(Names of agency director and Policy Council chair)____ have agreed to have your Head Start program participate. As part of the study we are interviewing Head Start Social Services Coordinators. Your participation is voluntary. The information you provide will be held confidential. Your name will not be linked to your answers in any reports.

Findings from the study will be used by federal policymakers and administrators to determine what action is needed in the service delivery system developed for Head Start children in foster care and ways that Head Start and child welfare agencies can work together to serve at-risk families.

Do you have any questions about the study or your participation?

[NOTE TIME INTERVIEW BEGINS: __________]

RESPONDENT DATA

I'd like to begin by asking you a few questions about your position and then move to questions about your program's relationship with (name of child welfare agency) .

1a. What is your official title?

1b. What are your primary responsibilities as (title) of the (name of program/agency) ?

2. How long have you:

a. worked in any Head Start program? ________Yrs. ________Mos.

b. worked in this Head Start program? ________Yrs. ________Mos.

c. held your current position? ________Yrs. ________Mos.

RELATIONSHIP WITH CHILD WELFARE AGENCY

We are interested in how Head Start works with (name of child welfare agency) to serve families in the child welfare system. By "families in the child welfare system," I mean families that have a child in protective services who is still living at home and families that have a child in foster case. I don't mean families who are receiving AFDC or other welfare payments but do not have a child in protective services or foster care.

3. Now, is there a written agreement between Head Start and the local or state (name of child welfare agency) that provides for the agencies to work together to serve these families?

Yes, with the local agency [GO TO Q. 4]	1
Yes, with the state agency [GO TO Q. 4]	2
Yes, with both the local and state agencies [GO TO Q. 4]	3
No [SKIP TO Q. 13]	4
Don't know [SKIP TO Q. 13]	8

IF AGREEMENT(S) EXISTS, ASK Q. 4-12.
IF NO AGREEMENT(S) EXISTS, ASK Q. 13-17.

4. What types of provisions does the agreement contain? [DISTINGUISH BETWEEN STATE AND LOCAL AGREEMENTS IF NECESSARY. OBTAIN COPY OF AGREEMENT IF ONE HAS NOT ALREADY BEEN PROVIDED.]

5. What internal changes did Head Start make as a consequence of this agreement? [PROBE: Maybe changes in things like training, parent involvement efforts, or liaison with (name of child welfare agency) .]

6. Excluding interactions related to specific children, what interactions has Head Start had with (name of child welfare agency) as a result of the agreement? [PROBE: Perhaps you have done things like exchanging materials or holding joint staff conferences.]

7. What interactions have Head Start and (name of child welfare agency) had that specifically relate to the reporting of suspected child abuse or neglect?

8. What impact, if any, has the agreement had on your program? [PROBE: Perhaps there has been a change in the number of foster care children served, at-risk families' accessibility to services, or staff time needed to adapt to new procedures/terminology.]

9. Are there any changes that you think should be made to the existing agreement(s)?

Yes [GO TO Q. 10]	1
No [SKIP TO Q. 11]	2
Don't know [SKIP TO Q. 11]	8

10. |IF YES| What changes would you recommend?

11. In addition to the written agreement(s) between Head Start and (name of child welfare agency), are there any unwritten or informal agreements between the two programs about cooperative efforts to help families whose children are in or at risk of entering the child welfare system?

Yes [GO TO Q. 12]	1
No [SKIP TO Q. 18]	2
Don't know [SKIP TO Q. 18]	8

12. |IF YES| What are those informal agreements? [RECORD RESPONSE: THEN SKIP TO Q.18.]

13. |IF NO WRITTEN AGREEMENT EXISTS, ASK:| Are there any unwritten or informal agreements between the two programs about cooperative efforts to help these families?

Yes [GO TO Q. 14]	1
No [SKIP TO Q. 15]	2
Don't know [SKIP TO Q. 15]	8

14. |IF YES| What are those informal agreements?

15. Do you think that it would be helpful to have a written agreement between Head Start and (name of child welfare agency) about serving these families?

Yes [GO TO Q. 16]	1
No [SKIP TO Q. 17]	2
Don't know [SKIP TO Q. 18]	8

16. |IF YES| What do you think should be included in such an agreement? [RECORD RESPONSE; THEN SKIP TO Q. 18.]

17. |IF NO| Why not?

ENROLLMENT OF CHILDREN IN FOSTER CARE

The next series of questions focuses on the enrollment of foster children in your program and working with these children and their families.

18. How many children are enrolled in your Head Start program this year (1986-87)? [SPECIFY WHETHER NUMBER IS FOR GRANTEE OR DELEGATE AGENCY IN CASES WHERE RESPONDENT SERVES MORE THAN ONE PROGRAM.] ________

19. Of these children, how many:

    a. are currently in foster care? ________

    b. have been in foster care at some previous time? [IF RESPONDENT DOES NOT KNOW, RECORD "D.K."] ________

> INTERVIEWER SHOULD CALCULATE THE APPROXIMATE PERCENTAGE OF HEAD START CHILDREN WHO ARE CURRENTLY IN FOSTER CARE [Q. 19a/18], INSERT FIGURE BELOW, AND SAY:

20. Then about ____% of the children are in foster care now. Over the past few years, has the proportion of children who are in Head Start and foster care at the same time increased, stayed about the same, or decreased?

Increased [GO TO Q. 21]	1
Stayed about the same [SKIP TO Q. 22]	2
Decreased [GO TO Q. 21]	3
Don't know [SKIP TO Q. 22]	8

21. To what do you attribute this change?

22. Do local juvenile court or family court judges ever order parents to enroll their child in Head Start as a condition for keeping the child at home?

Yes	1
No	2
Don't know	8

23. Do local judges ever order that children who are placed in foster care be enrolled in Head Start?

Yes	1
No	2
Don't know	8

24. Does your Head Start program make a special effort to recruit children who are in foster care?

Yes [GO TO Q. 25]	1
No [SKIP TO Q. 26]	2

25. |IF YES| Please describe that effort. What do you do, to whom do you go, and so on?

26. In enrolling children in the program, do you give priority to children in foster care?

Yes	1
No	2

27. Do you think any changes are needed in the policy or practice related to either recruitment or enrollment of foster children?

Yes [GO TO Q. 28]	1
No [SKIP TO Q. 29]	2
Don't know [SKIP TO Q. 29]	8

28. |IF YES| What changes are needed? Why are they needed?

Changes Needed	Reasons for Changes

WORKING WITH FOSTER CHILDREN AND THEIR FAMILIES

29. Which Head Start staff usually know the names of children who are also in foster care? Please tell me only the position, such as Social Services or Parent Involvement Coordinator, not the name of the staff member. [DO NOT READ CHOICES. CIRCLE ALL POSITIONS NAMED.]

Head Start Program Director	01
Center Director	02
Social Services Coordinator	03
Education Coordinator	04
Health/Handicapped Coordinator	05
Parent Involvement Coordinator	06
Other Coordinators [SPECIFY] ____________________	07
Individual Child's Classroom Teacher	08
Individual Child's Classroom Aide(s)	09
All Classroom Teachers	10
All Classroom Aides	11
Cooks	12
Bus Drivers	13
Other [SPECIFY] ____________________ ____________________	14

[NOW ASK SPECIFICALLY ABOUT THOSE NOT NAMED TO MAKE SURE THERE ARE NO OMISSIONS.]

30. What is the reason for giving (this many/just these few) people this information?

31. Are these staff told why the child is in foster care?

Yes	1
No	2

Please explain the reason why (not).

32. Are these staff also told what the case plan goal is for each foster child, that is, whether the goal is to reunify the child with his or her family, place the child in an adoptive home, or some other goal?

Yes	1
No	2

33. What features of your program do you think are most helpful to the children who are in foster care? [CIRCLE ALL THAT APPLY.]

Socialization with other children	01
Warm (loving) relationship with teachers and other adults	02
Opportunity to learn appropriate developmental skills (e.g., colors, numbers, shapes)	03
Supervised parent-child interaction	04
Learn how to behave	05
Emphasis on building child's self-image/ self-confidence	06
Respite from stressful environment	07
Other [SPECIFY] ______________________ ______________________________	08
Other [SPECIFY] ______________________ ______________________________	09
Don't know	10

34. Does Head Start provide any special services or activities to help biological parents of children in foster care?

Yes [GO TO Q. 35]	1
No [SKIP TO Q. 36]	2

35. |IF YES| What do you provide?

36. In an earlier question [Q. 19a], you indicated that ____ children currently in Head Start are also in foster care. How many foster parents of these Head Start children are participating in Head Start activities this year? [IF NONE, SKIP TO Q. 38.] __________

37. |IF ANY| How are the foster parents involved? What activities do they participate in, do they come to the center, what types of interaction do they have with the staff, and so on? [RECORD RESPONSE; THEN SKIP TO Q. 39.]

38. |IF NONE| Why do you think foster parents don't participate?

39. How many biological parents of these children who are in Head Start and in foster care are participating in Head Start activities this year? [IF NONE, SKIP TO Q. 41] ____________

40. |IF ANY| In what ways are the biological parents involved in the program? What activities do they participate in, do they come to the center, what types of interaction do they have with the staff, and so on? [RECORD RESPONSE; THEN SKIP TO Q. 42.]

41. |IF NONE| Why do you think biological parents don't participate?

ASK Q. 42 ONLY IF BOTH FOSTER AND BIOLOGICAL PARENTS ARE PARTICIPATING THIS YEAR. OTHERWISE SKIP TO Q. 44.

42. Would you say that foster parents and biological parents of foster children differ in the ways they participate in Head Start?

Yes [GO TO Q. 43]	1
No [SKIP TO Q. 44]	2
Don't know [SKIP TO Q. 44]	8

43. |IF YES| What are the major differences?

44. For those who are not involved with Head Start, do you think the reasons for not participating are different for foster parents than for biological parents of foster children?

Yes [GO TO Q. 45]	1
No [SKIP TO Q. 46]	2
Don't know [SKIP TO Q. 46]	8

45. |IF YES| What are the different reasons?

46. Does the program make efforts specifically to encourage foster parents or biological parents of foster children to participate in Head Start activities?

Yes [GO TO Q. 47]	1
No [SKIP TO Q. 48]	2

47. |IF YES| What efforts are made?

48. What features of your program are or could be most helpful to biological parents of foster children? [THIS MAY INCLUDE ACTIVITIES IDENTIFIED IN Q.35.]

49. What features of your program are or could be most helpful to foster parents?

WORKING WITH AT-RISK FAMILIES

Now I would like to ask you about procedures and activities related to children and their families who may be at risk of entering the child welfare system.

50. Are Head Start staff instructed to be alert for indications that a child is neglected or has been abused?

Yes	1
No	2

51. Aside from notifying authorities, what steps do Head Start staff take when they suspect that a child has been abused or neglected? [PROBE: For instance, staff may report the suspicion to the director, someone may talk with the parent, or certain staff may be asked to watch the child more closely.]

52. If staff suspect that the Head Start child has been abused or neglected, does the program provide any services or activities specifically for the child or family?

Yes [GO TO Q. 53]	1
No [SKIP TO Q. 55]	2

53. |IF YES| What services or activities are provided for the child?

54. What services or activities are provided for the family? [RECORD RESPONSE; THEN SKIP TO Q. 56.]

55. |IF NO| What are the reasons for not providing any services or activities targeted on this family?

56. Is there a written policy on reporting suspected child abuse or neglect to (name of child welfare agency) or another appropriate authority?

Yes	1
No	2

57. When reports of suspected incidents are made by program staff, who does the reporting and to whom does the report go?

58. Are there child abuse or neglect situations that are not reported?

Yes [GO TO Q. 59]	1
No [SKIP TO Q. 60]	2

59. |IF YES| What situations are not reported?

60. When Head Start learns from (name of child welfare agency) that a specific Head Start child either is at risk of entering or is already in the child welfare system, do Head Start and child welfare staff have any interactions in relation to that child or the child's family?

Yes [GO TO Q. 61]	1
No [SKIP TO Q. 62]	2

61. |IF YES| Please describe the reasons for contacting each other, whether the contacts occur by phone or letter or in person, and how often they usually occur for a specific case.

Reasons	Type and Frequency of Contacts

STAFF TRAINING/RESOURCES

In this last section the questions focus on staff training in working with the children and families under study.

62. In the past two years, have any Head Start staff received training about child abuse or children in foster care?

Yes [GO TO Q. 63]	1
No [SKIP TO Q. 64]	2
Don't know [SKIP TO Q. 64]	8

63. |IF YES| Who conducted the training? Who received the training? What topics were covered? How long did the instruction last? [FOR THE LATTER, NOTE "HOURS" OR "DAYS."]

Trainer	Staff Involved	Topics Covered	Length of Training

64. Do you think that Head Start staff need (training/further training) to work more effectively with families whose children are in or may enter foster care?

Yes [GO TO Q. 65]	1
No [SKIP TO Q. 66]	2
Don't know [SKIP TO Q. 66]	8

65. |IF YES| Please identify the topics that training should address and which staff should participate.

Training Topics	Participants

66. Have any Head Start staff requested (training/further training) in working with families whose children are in or may enter foster care?

Yes	1
No	2
None that respondent is aware of	3
Don't know	8

67. Is there any information or assistance that (name of child welfare agency) agency could provide which would be helpful to Head Start staff in dealing with Head Start families and their children who are in or may enter foster care?

Yes [GO TO Q. 68]	1
No [SKIP TO Q. 69]	2

68. |IF YES| Will you describe the information or assistance that would be helpful? What would be the best way to provide it? [IDENTIFY WHETHER IN WRITING, FORMAL MEETING, ETC.].

Information or Assistance	Way to Provide It

69. In your opinion, what role should the program play in assisting efforts to keep at home a Head Start child who is at risk of foster care placement?

70. What role should the program play in assisting the families and Head Start children who are already in foster care?

THIS CONCLUDES THE INTERVIEW.

THANK YOU VERY MUCH FOR YOUR TIME.

[NOTE TIME INTERVIEW CONCLUDES: ___________]

A STUDY OF THE INCIDENCE OF HEAD START CHILDREN PLACED IN FOSTER CARE

FOSTER CARE SUPERVISOR

Agency Name ______________________________

and Address: ______________________________

____

____

Respondent Name: ______________________________

Title: ______________________________

Telephone Number: ______________________________

Address (if different from above): ______________________________

____

Referred by: ______________________________

CONTACT RECORD

CONTACT NUMBER	DATE	TIME	OUTCOME	BY
1				
2				
3				
4				
5				
6				
7				
8				

INTERVIEW Date: ______________ Interviewer: ______________

Place: ______________ Time: ______________

INTRODUCTORY STATEMENT

CSR, Incorporated is a private research firm with offices in Washington, D.C. and Chicago. We are conducting a study for the Administration for Children, Youth and Families in the U.S. Department of Health and Human Services. The purpose of the study is to obtain information about children in Head Start who enter foster care and the role that Head Start plays or could play in strengthening the family to prevent the separation of the child from the family.

The study is being conducted in three large metropolitan areas in the U.S. including ____(city)____. ____(Name of agency administrator)____ has agreed to have your child welfare program participate. As part of the study we are interviewing Foster Care Supervisors. Your participation is voluntary. The information you provide will be confidential. Your name will not be linked to your answers in any reports.

Findings from the study will be used by federal policymakers and administrators to determine what action is needed in the service delivery system developed for Head Start children in foster care and ways that Head Start and child welfare agencies can work together to serve at-risk families.

Do you have any questions about the study or your participation?

FOR REFERENCE IN TALKING WITH RESPONDENT HERE AND IN Q. 3, LIST NAME(S) OF GRANTEE(S) OPERATING HEAD START PROGRAMS IN CHILD WELFARE AGENCY'S SERVICE AREA PRIOR TO THE INTERVIEW, BEGINNING WITH SAMPLED GRANTEE:

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________

[NOTE TIME INTERVIEW BEGINS: ________]

RESPONDENT DATA

I'd like to begin by asking you a few questions about your position.

1a. What is your official title? ____________________

1b. What are your primary responsibilities as ____(title)____ of the (name of program/agency) ?

2. How long have you:

a. worked in any child welfare agency? ______ Yrs. ______ Mos.

b. worked in this child welfare agency? ______ Yrs. ______ Mos.

c. held your current position? ______ Yrs. ______ Mos.

3. A number of the questions in this interview refer to Head Start programs operated by the (name of grantee in agency's service area) with which you are probably familiar. However, before proceeding any further, I would like to find out what experiences you may have had with *any* Head Start program. Have you ever: [IF YES TO ANY QUESTION, ASK WHAT PROGRAM WAS INVOLVED AND CIRCLE QUESTION LETTER IF IT WAS SAMPLED GRANTEE.]

		1	2
a.	Supervised a foster care or protective services case where the child was in Head Start?	Yes	No
b.	Recommended that a child who is in or at risk of entering the child welfare system be enrolled in Head Start?	Yes	No
c.	Had any interactions with Head Start staff on a potential or actual case?	Yes	No
d.	Had any involvement with Head Start staff or a Head Start program in *any* capacity, such as serving on the Policy Council, training staff, or speaking to parents? [IF YES, SPECIFY CAPACITY] ____________________ ____________________	Yes	No

IF ANSWERS TO ALL OF Q.3a-d ARE "NO," OR IF RESPONDENT EXPRESSES SOME CONCERN ABOUT BEING APPROPRIATE FOR THE INTERVIEW, BRIEFLY DESCRIBE THE TOPICS TO BE COVERED AND ASCERTAIN IF IT IS WORTHWHILE TO PROCEED. IF NECESSARY, REMIND THE RESPONDENT THAT THE INTERVIEW CAN BE TERMINATED IF THERE ARE TOO MANY QUESTIONS FOR WHICH (S)HE DOES NOT KNOW THE ANSWERS. THIS WILL NOT REFLECT NEGATIVELY ON THE RESPONDENT OR THE AGENCY.

RELATIONSHIP WITH HEAD START

Now I would like to determine if any formal or informal relationships have been established with the Head Start program(s) in the (name of city/county) .

4. Is there a written agreement between the local or state (name of child welfare agency) and Head Start that provides for the agencies to work together to serve families whose children are in or at risk of entering the child welfare system?

Yes [GO to Q. 5]	1
No [SKIP to Q. 15]	2
Don't know [SKIP to Q. 15]	8

IF AGREEMENT(S) EXISTS, ASK Q. 5-14.
IF NO AGREEMENT(S) EXISTS, ASK Q. 15-19.

5. What types of provisions does the agreement contain? [DISTINGUISH BETWEEN STATE AND LOCAL AGREEMENTS IF NECESSARY. OBTAIN COPY OF AGREEMENT IF ONE HAS NOT ALREADY BEEN PROVIDED.]

6. Has the agreement(s) made it easier for you to use Head Start, either as a resource for children in foster care or as part of preplacement prevention services for at-risk families?

Yes [GO TO Q. 7]	1
No [SKIP TO Q. 8]	2
Don't know [SKIP TO Q. 9]	8

7. |IF YES| In what ways has the agreement made it easier to use Head Start? [RECORD RESPONSE; THEN SKIP TO Q. 9.]

8. |IF NO| Why not?

9. Has this agreement led to any (other) interactions with Head Start? [PROBE: Perhaps you have done things like exchanging materials or holding joint staff conferences.]

Yes [GO TO Q. 10]	1
No [SKIP TO Q. 11]	2
Don't know [SKIP TO Q. 11]	8

10. |IF YES| What type of interactions?

11. Are there any changes that you think should be made to the existing agreement(s)?

Yes [GO TO Q. 12]	1
No [SKIP TO Q. 13]	2
Don't know [SKIP TO Q. 13]	8

12. |IF YES| What changes would you recommend?

13. In addition to the written agreement(s) between (name of child welfare agency) and Head Start, are there any unwritten or informal agreements between the two programs about cooperative efforts to help families whose children are in or at risk of entering the child welfare system?

Yes [GO TO Q. 14]	1
No [SKIP TO Q. 20]	2
Don't know [SKIP TO Q. 20]	8

14. |IF YES| What are those informal agreements? [RECORD RESPONSE; THEN SKIP TO Q. 20 AT THE TOP OF PAGE 8.]

15. |IF NO WRITTEN AGREEMENT EXISTS, ASK:| Are there any unwritten or informal agreements between the two programs about cooperative efforts to help these families?

Yes [GO TO Q. 16]	1
No [SKIP TO Q. 17]	2
Don't know [SKIP TO Q. 17]	8

16. |IF YES| What are those informal agreements?

17. Do you think that it would be helpful to have a written agreement between (name of the child welfare agency) and Head Start about serving these families?

Yes [GO TO Q. 18]	1
No [SKIP TO Q. 19]	2
Don't know [SKIP TO Q. 20]	8

18. |IF YES| What do you think should be included in such an agreement? [RECORD RESPONSE; THEN SKIP TO Q. 20.]

19. |IF NO| Why not?

FOSTER CHILDREN IN HEAD START

The next series of questions focuses on children in foster care who are or might be enrolled in Head Start.

20. How many children in foster care do you have in this unit? __________

21. Do children in the local school district generally enter school at the kindergarten level or the first grade level?

Kindergarten [USE "3 and 4" IN Q. 22]	1
First grade [USE "3, 4, and 5" IN Q. 22]	2

22. About how many of the cases that you supervise involve children who are of Head Start age--that is, ages (3 and 4 OR 3, 4, and 5)? __________

23. Of these children, how many are currently in Head Start? [IF RESPONDENT DOES NOT KNOW AND CANNOT PROVIDE ESTIMATE, WRITE IN "D.K." AND SKIP TO Q. 26.] __________

INTERVIEWER SHOULD CALCULATE THE APPROXIMATE PERCENTAGE OF HEAD START-AGED FOSTER CHILDREN IN HEAD START [Q. 23/22], INSERT FIGURE BELOW, AND SAY:

24. Then about ____% of the Head Start-aged children are in Head Start. Over the past few years, has the proportion of foster children in Head Start increased, stayed about the same, or decreased?

Increased [GO TO Q. 25]	1
Stayed about the same [SKIP TO Q. 26]	2
Decreased [GO TO Q. 25]	3
Don't know [SKIP TO Q. 26]	8

25. To what do you attribute this change?

26. What features of Head Start do you think are or might be most helpful to the children who are in foster care? [CIRCLE ALL THAT APPLY.]

Socialization with other children	01
Warm (loving) relationship with teachers and other adults	02
Opportunity to learn appropriate developmental skills (e.g., colors, numbers, shapes)	03
Supervised parent-child interaction	04
Learn how to behave	05
Emphasis on building child's self-image/ self-confidence	06
Respite from stressful environment	07
Other [SPECIFY] ________________________ ________________________	08
Other [SPECIFY] ________________________ ________________________	09
Don't know	10

27. Do local juvenile court or family court judges ever order that children who are placed in foster care be enrolled in Head Start?

Yes	1
No	2
Don't Know	8

28. During the past 12 months, have you or your foster care staff ever recommended or required that a child be enrolled in Head Start?

Yes [GO TO Q. 29]	1
No [SKIP TO Q. 30]	2
Don't Know [SKIP TO Q. 30]	8

29. |IF YES| In about how many cases? __________

30. Are there particular types of cases for which the child's participation in Head Start is (might be) desirable?

Yes [GO TO Q. 31]	1
No [SKIP TO Q. 32]	2
Don't Know [SKIP TO Q. 32]	8

31. |IF YES| What types of cases? [PROBE: There may be cases with particular types of child/family problems or particular case goals.]

32. When a child in foster care is enrolled in Head Start, who usually enrolls the child in the program--the foster parent or the biological parent?

Foster parent usually	1
Biological parent usually	2
Has been both	3
Don't know	8

33. When a child in foster care also is enrolled in Head Start, do you encourage the foster parents to participate in Head Start's parent program?

Yes [GO TO Q. 34]	1
No [SKIP TO Q. 35]	2
Sometimes; Depends [PROBE FOR CLARIFICATION: THEN GO TO Q. 34]	3

34. What value do you think participation in the program by foster parents has for them or for the child?

35. During the past year, have you or your staff ever recommended or required that the child's biological parents (or primary caregiver before placement) participate in Head Start's parent program as a condition for reunifying the family?

Yes [GO TO Q. 36]	1
No [GO TO Q. 36]	2
Don't Know [SKIP TO Q. 37]	8

36. Why (not)? [IF APPROPRIATE, PROBE: Maybe the parents have certain types of problems or needs that could be helped through their participation in the program.]

37. What role, if any, can Head Start play in efforts to reunify a family with a child in foster care?

AT-RISK FAMILIES AND HEAD START

I'd like to ask two questions about at-risk families and the Head Start program.

38. Do local juvenile court or family court judges ever order parents to enroll their child in Head Start as a condition of keeping the child at home?

Yes	1
No	2
Don't Know	8

39. What role, if any, can Head Start play in efforts to keep at home a child who is at risk of foster care placement?

CONTACTS WITH/INFORMATION FROM HEAD START

The last few questions ask about contacts with Head Start staff concerning individual children and about information from Head Start that might be helpful to your staff.

40. Do you or any of your staff interact with Head Start staff in relation to specific children who may or may not be enrolled in the Head Start program?

Yes [GO TO Q. 41]	1
No [SKIP TO Q. 42]	2

41. |IF YES| Please describe the reasons for contacting each other, whether the contacts occur by phone or letter or in person, and how often they usually occur for a specific case.

Reasons	Type and Frequency of Contacts

42. Is there any information or assistance that Head Start could provide that would be helpful to you and your staff in dealing with Head Start families and their children who are in or may enter foster care?

Yes [GO TO Q. 43]	1
No [END OF INTERVIEW]	2
Don't know [END OF INTERVIEW]	8

43. IF YES Will you describe the information or assistance that would be helpful? What would be the best way to provide it? [IDENTIFY WHETHER IN WRITING, FORMAL MEETING, ETC.].

Information or Assistance	Way to Provide It

THIS CONCLUDES THE INTERVIEW.

THANK YOU VERY MUCH FOR YOUR TIME.

[NOTE TIME INTERVIEW CONCLUDES: _________.]